



# Building Bridges to Tomorrow:

## A User Profile of Older Adults Centres in Ontario



Older Adult Centres' Association of Ontario  
Association des centres pour aînés de l'Ontario

**OACAO**

The Voice of Older Adult Centres  
La voix des centres pour aînés

Prepared by:

Older Adult Centres' Association of Ontario  
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## Executive Summary

The Building Bridges to Tomorrow project represents the largest body of primary research that has ever been conducted on older adult centres in the Province of Ontario. As we look to the future of older adult centres, this data will be invaluable to the Older Adult Centres' Association of Ontario (OACAO) and individual older adult centres for strategic planning purposes. All of the data gathered through this project has helped us identify a number of trends and issues that need to be addressed by centres both at a local and a provincial level.

The Older Adult Centres' Association of Ontario has long believed that older adult centres are one of the best kept secrets within our healthcare system. It is our belief that centres are not recognized for the health promotion benefits that they add to our healthcare system, local communities and individual seniors throughout the province. Part of the problem in recognizing the value of any social service is having the ability to measure the impact of the service in terms of participant benefits. This problem is compounded when looking at health promotion programs where the potential benefit may not be seen for a number of years or even decades in terms of value to the healthcare system.

The research methodology used within this study provides an opportunity to gather extensive data across the entire province while allowing for a detailed data set that covers participation patterns, program satisfaction, motivations and health status impact. In total, 26 research sites were used for this study totaling more than 2,300 older adult centre members and 700 non members. The research sites include urban, suburban and exurban communities along with rural areas and northern Ontario communities.

*Building Bridges to Tomorrow: A User Profile of Older Adult Centres in Ontario* delivers a solid overview of centres that highlights the enormous impact that they have for seniors in Ontario. Starting with the heavy participation levels and the longevity of membership, older adult centres are well utilized by participants. In simple terms, the members participate often and stay involved for a very long time.

Members of older adult centres are also very engaged with their centre and with their community. With volunteer participation levels of more than 50%, the members are one of the prime resources within the centre. Older adult centres are one of the few types of services within our healthcare system which are virtually self supporting in terms of human resources.

The members of older adult centres are very satisfied with the service that they receive from their local centre. With satisfaction ratings constantly higher than 9 out of 10, any business or service would be thrilled with this positive feedback.

The motivation to participate in older adult centres provides some solid clues into the primary importance older adult centres as community gathering places. While many health and community based services provide critical care, assistance with daily living, support services and therapeutic interventions, few services provide the opportunities for social interaction and self esteem that are found in older adult centres. Given that more than 50% of members are single or live alone, the

importance of social interaction should not be underestimated. The importance of social interaction extends beyond users of older adult centres and needs to be considered within the entire health services system.

Members of older adult centres are also very healthy and have strong activity patterns that help them remain physically well. In fact, the majority of members of older adult centres feel that they are in good or excellent health and overall they have very few major health problems or conditions. Given that the average member remains active at an older adult centre for more than 10 years, the centre can be seen as a major contributor to this positive health outcome.

From a demographic perspective, older adult centres provide services to participants from the age of 50 to well over 85 years of age. While the market share of the “boomer” generation is slowly increasing to slightly more than 15%, the primary market for centres is still the 65 plus age group and 45% of the members are over 75 and 8% are over the age of 85. This segment of the population over the age of 85 years old is very significant since the provincial average for this age group is only 4% of the total population. It is well documented that the population over the age of 85 are by far the greatest users of the healthcare system. This would suggest that older adult centres represent a key resource in serving the older segment of the population and should be recognized as making a positive contribution to reducing the utilization of acute health and medical services.

The study also touches on other socio-demographic characteristics such as, income, education and ethnicity. Overall, older adult centres do serve a high portion of members who are near or under the poverty line (20%) while many members also fit into a middle income bracket. In general, it appears that centres provide a solid option for seniors who are not well positioned in terms of their financial resources or are on moderate incomes. The ethnicity mix within older adult centres is very low and the participation of visible minority groups is virtually nonexistent. This is perhaps one of the weaker areas that older adult centres and OACAO need to address.

From all of the data gathered through “Building Bridges to Tomorrow” including this study, there are a number of strategies for both OACAO and individual centres to consider for the future. While older adult centres are an incredible resource for older adults in communities across Ontario, there are emerging issues that correspond with overall demographic trends that will impact on the future role of older adult centres. In addition, older adult centres are an outstanding but underutilized resource for the healthcare system.

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## INTRODUCTION

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## I. INTRODUCTION

The Older Adult Centres' Association of Ontario (OACAO) has been serving the needs of older adult centres since 1973. During this time, OACAO has developed a strong reputation for offering a range of programs and services to help individual centres plan to meet the needs of seniors in their local communities. This has included an annual provincial conference, older adult centre standards, program planning information, web based services including an interactive email listserv and advocacy initiatives aimed at increasing the awareness of older adult centres.

Over the past several years, the nature of older adult centres in Ontario has started to change. Programs in many centres have shifted to a more fitness and health focus from the tradition programs such as, arts and crafts. With this shift, many older adult centres have also started to market their services to younger older adults between the age of 50 and 65. Much of this younger focus can be attributed to the influx of the “boomers” within our population. As the “boomers” reached 50 they had a major impact on marketing approaches within older adult centres. In fact, between 1998 and 2007 the market share of younger older adults in centres (age 50 to 65) has increased from 8% to 15%.<sup>1</sup> Now that the “boomers” have turned 60 they pose even greater implications for older adult centres. For the next 40 to 50 years, the “boomers” will play a significant role in almost every aspect of life including the future of older adult centres.

In 2007, OACAO received a three year grant from the Ontario Trillium Foundation to implement the “Building Bridges to Tomorrow” project. Building Bridges is essentially designed to assist older adult centres in planning for the future. With the aging of the “boomer”, older adult centres need to be actively engaged in strategic planning processes to anticipate the changes that will be happening within the senior population. OACAO has developed the Building Bridges project as a means of helping its membership through this planning process.

The “Building Bridges to Tomorrow” project has the following objectives;

- 1) To strengthen the role of OACAO in being a leader for Older Adult Centres in Ontario
- 2) To enhance the range of programs and services offered to members of OACAO
- 3) To promote the role of Older Adult Centres in contributing to the health and well being of older adults in Ontario
- 4) To explore the future trends that will impact on Older Adult Centres

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<sup>1</sup> OACAO Membership Profile, 1998 and OACAO Membership Survey, 2007.

In developing the Building Bridges project, OACAO seeks to address a number of critical questions both about the work of the association and also about the services that are provided by older adult centres throughout the province. Specifically, the following questions are a major part of this project:

- 1) What are members (organizations) of OACAO looking for from their provincial association?
- 2) Who are the current users of Older Adult Centres in Ontario?
- 3) Who are the non-users of Older Adult Centres in Ontario?

#### **A. What are members of OACAO looking for from their provincial association?**

In terms of the services provided to its membership, OACAO is looking to better understand the role that it plays in working with older adult centres. One of the key issues that OACAO faces is the diversity of its membership. The Association has equal representation between municipal and not-for-profit centres though both types of centres are very different in terms of how they operate and what services they need from OACAO. This diversity also includes other types of issues such as recreation vs. community services, large centres vs. small centres and rural vs. urban centres.

There are currently more than 200 funded older adult centres in Ontario though only half of this group belongs to OACAO. Part of the focus of the Building Bridges project is to study how the association can reach out to these non member centres.

OACAO also wants to get a better understanding of how effective their current programs and services are and they want to better understand the issues that exist among older adult centres including regional issues that might exist throughout the province.

#### **B. Who are the current users of Older Adult Centres in Ontario?**

One of the important roles for OACAO is to advocate for the needs of older adult centres within the healthcare system. Traditionally, this advocacy role has been largely restricted to the provincial Ministry of Health. However, with the emergence of the Local Health Integration Networks (LHIN's) and the enhanced role of the Ontario Senior Secretariat, this advocacy role has become more complex in recent years. One of the things that OACAO has always tried to advocate for was the health and wellness benefits that older adult centres provide to their members. Though this has always been promoted as a major role for older adult centres, there is little documentation to back up this claim. One of the aims of the Building Bridges project is to develop a better understanding of the benefits that older adult centres provide to their members.

### **C. Who are the non-users of Older Adult Centres in Ontario?**

While older adult centres are often regarded as an important part of the healthcare system for older adults, it should also be noted that only about 10% of the population actually use the services of an older adult centre.<sup>2</sup> For the Building Bridges project, one of the key objectives is to study the non-users of older adult centres and gain a better understanding of what they are doing for their leisure pursuits. It is believed that this information may hold the key for helping to define how the “boomers” may act and more importantly how they might respond to older adult centres. It will also help identify the major competitors that older adult centres are facing.

The future of older adult centres will ultimately be shaped by their ability to attract the “boomers” to their programs and services. This marketing approach is not as simple as offering the right programs and services but must also deal with socio-economic factors, program quality, diversity and initially, the balance between the “boomer” generation and older seniors.

There is also some value to the notion that you “can’t be all things to all people” and maybe older adult centres should not be concentrating on the younger senior population (age 50 to 65) but rather focus on the older seniors. At the very least, centres may need to choose what market segment they want to serve rather than trying to serve a population ranging from 50 to 95 years old.

### **D. Overview of Building Bridges to Tomorrow: A User Profile of Older Adult Centres in Ontario**

The impact of older adult centres across Ontario is very impressive both in terms of participation levels and the benefits that centres are able to provide to their members. It is estimated that more than 150,000 older adults are members of older adult centres in Ontario<sup>3</sup> and yet we know very little about who these members are and more importantly how their lives are affected by this involvement with older adult centres.

Through this report, *Building Bridges to Tomorrow: A User Profile of Older Adults Centres in Ontario*, OACAO is hoping to capture both the overall impact that older adult centres have on seniors in Ontario and our healthcare system along with developing a comprehensive understanding of who these members are, what they are doing and how it is impacting their life. Through an analysis of the basic socio-economic profile of members along with identifying current usage trends and motivations, this report will provide an in depth look at older adult centres from the members’ perspective.

OACAO believes that it has a large role to play in assisting older adult centres to plan for the future and adjust to the demographic changes that are just starting to impact on centres. This report, *Building Bridges to Tomorrow: A User Profile of Older Adults Centres in Ontario*, is designed to provide a comprehensive profile of current users of older adult centres in Ontario. The report also touches on non users of older adult centres and looks at their leisure patterns and impressions of centres.

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<sup>2</sup> OACAO Membership Profiles, 1998, 2000, 2002, 2004, 2006

<sup>3</sup> OACAO Membership Profile, 2007



## CENTRES OF INTEREST METHODOLOGY \_\_\_\_\_

## II. CENTRES OF INTEREST METHODOLOGY

The Centres of Interest component of Building Bridges to Tomorrow is one of the most ambitious and comprehensive studies that has ever been done within older adult centres in Ontario. First, there is very little primary research that exists about the impact of older adult centres or even about basic usage patterns and second, there are no studies available that have the wide range of data available or a sample size of roughly 2,500 older adult centre members. The non-member portion of the research design is also very unique and though it is not as precise in terms of the research design, it does provide many valuable insights into older adults who are not using centres.

### A. Overall Research Concept

The overall concept of the Centres of Interest study was to gather a profile of current members or users of older adult centres from across Ontario. In designing the study, the researchers realized that it was going to be difficult to conduct survey interviews in centres throughout the province without major support from individual centres and a large group of volunteers. In order to encourage centres to participate in the study, the concept of Centres of Interest was developed whereby any centre could join the study in exchange for conducting a representative sampling of their membership using their own volunteer resources. In exchange for the individual surveys, the Building Bridges project would prepare a profile of each individual research site based on their survey results. This report would contain a full analysis of the user data from the survey which could be used for local strategic planning initiatives.

When the concept of Centres of Interest was first introduced, we were hoping to have 10 to 12 centres participating in the project. However, the response was overwhelming and a total of 29 centres signed up for the project and 26 centres completed the questionnaire implementation, generating 2,354 member surveys and 692 non member surveys.

Table 1 provides an overview of the member questionnaires by region.

### B. Volunteer Training

The Building Bridges project included a strong educational component throughout all aspects of the project. For the Centres of Interest initiative, Building Bridges went out to all of the 29 Centres of Interest to conduct an extensive training program. The training program included;

- Overview of Building Bridges Project
- Outline of Centres of Interest Concept
- Review of Sampling Technique
- Review of Questionnaires (Member and Non-Member)
- Outline of Interview Techniques
- Interview Practice

Approximately 325 volunteers were trained as part of this project and participated in administering the questionnaires.

**Table 1: Member Questionnaire Distribution by Region**

		Region			Cumulative Percent
		Frequency	Percent	Valid Percent	
	Central	728	30.9	31.0	31.0
	Eastern	94	4.0	4.0	35.0
	Golden Horseshoe	591	25.1	25.2	60.2
	Grand River	192	8.2	8.2	68.4
	North	139	5.9	5.9	74.3
	South West	284	12.1	12.1	86.4
	Toronto	320	13.6	13.6	100.0
	Total	2348	99.7	100.0	
Missing	Unknown	6	.3		
Total		2354	100.0		

### **C. Questionnaire Design**

- **Member Questionnaire (See Appendix I)**

The member questionnaire consisted of six sections:

- Attendance
- Participation
- Satisfaction
- Motivation
- Health
- Socio-Demographic

For the most part, the questionnaire consisted of discrete data questions with the exception of a few open ended responses which were mostly used to provide other options. The questionnaire also included a number of rating scales based on 5 or 10 levels.

- **Non-Member Questionnaire (See Appendix II)**

The non-member question consisted of five sections:

- Recreation and Leisure Needs
- Older Adult Centres
- Motivations
- Health
- Socio Demographic



The non member questionnaire was fairly similar to the member questionnaire though it was shorter in length and did contain a few more open ended questions.

Both surveys were reviewed and tested before they were finalized for use with the selected “Centres of Interest”.

## D. Sampling Design and Technique

The sample size for each Centre of Interest was determined using a scientific calculation based on generally accepted research techniques. The sample size formula is as follows:

$$SS = \frac{Z^2 * (p) * (1-p)}{c^2}$$

Where:

Z = Z value (e.g. 1.96 for 95% confidence level)  
p = percentage picking a choice, expressed as decimal  
(.5 used for sample size needed)  
c = confidence interval, expressed as decimal

For the purposes of this study the following criteria were used:

- 95% confidence level
- 7% confidence interval

Based on this calculation, the desired sample size for an older adult centre with a membership of 1,400 would be 172 members:

Confidence Level: 95%

Confidence Interval: 7%

Population (Membership size): 1,400

Sample Size: 172

The **confidence level** tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain.

The **confidence interval** is the plus-or-minus figure that represents the accuracy of the results. For example, from this survey, a confidence interval of 7 was used meaning that if 47% percent of the sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 40% (47-7) and 54% (47+7) would have picked that answer.

When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 40% and 54%. The wider the confidence interval you are willing to accept, the more certain you can be that the whole population answers would be within that range.

For the non member survey, it was a little more difficult to estimate a proper sample size. For the purpose of this study, a non member survey size was set at 20% of the member sample size.

The sampling technique for the questionnaires was by personal interviews and each survey participant was selected on a random basis. The random selection process was done by the individual survey volunteer based on an established interview schedule.



### **Key Findings**

- Majority of the members are between the age of 66 to 75 (41%) or 76 to 85 (35%)
- 8% of the members are over the age of 85
- 15% of the members are “boomers”
- Older adult centres continue to attract mostly female members (74%)
- Gender results vary between different regions with the portion of males ranging from 16% to 34%
- Education levels for members vary with age and the younger members tend to have higher education levels
- Older adult centres serve primarily middle income seniors
- Almost one quarter of the members are considered low income and are at or near the poverty line
- There are great regional variances related to income levels
- Almost 50% (49.3%) of the members are single, divorced or widowed
- Over 40% over the members live alone
- Only 15% of the members are from ethnic backgrounds
- Only 4% of the members are visible minorities
- 91% of the members have English as their first language

## **PROFILE OF MEMBERS: WHO ARE THE MEMBERS OF OLDER ADULT CENTRES**

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### **III. PROFILE OF MEMBERS: WHO ARE MEMBERS OF OLDER ADULT CENTRES?**

Older adult centres in Ontario cater to a wide range of older adults – starting with adults in their early 50's to older adults who are 85 years of age and older. While each older adult centre is very different in terms of the type of members that it attracts and the type of programs and services that it offers, there are some common trends that can be identified based on the provincial data.

The profile of members of older adult centres will include the following basic characteristics:

- Age
- Gender
- Ethnicity
- Education Level
- Income
- Living Arrangements/Marital Status

#### **A. Age Distribution of Members**

Older adult centres in Ontario tend to serve a full range of age groups from younger, older adults (50 to 65 years of age) to older, older adults (over 85 years of age). Table 2 provides an overview of the age distribution of members in older adult centres in Ontario.

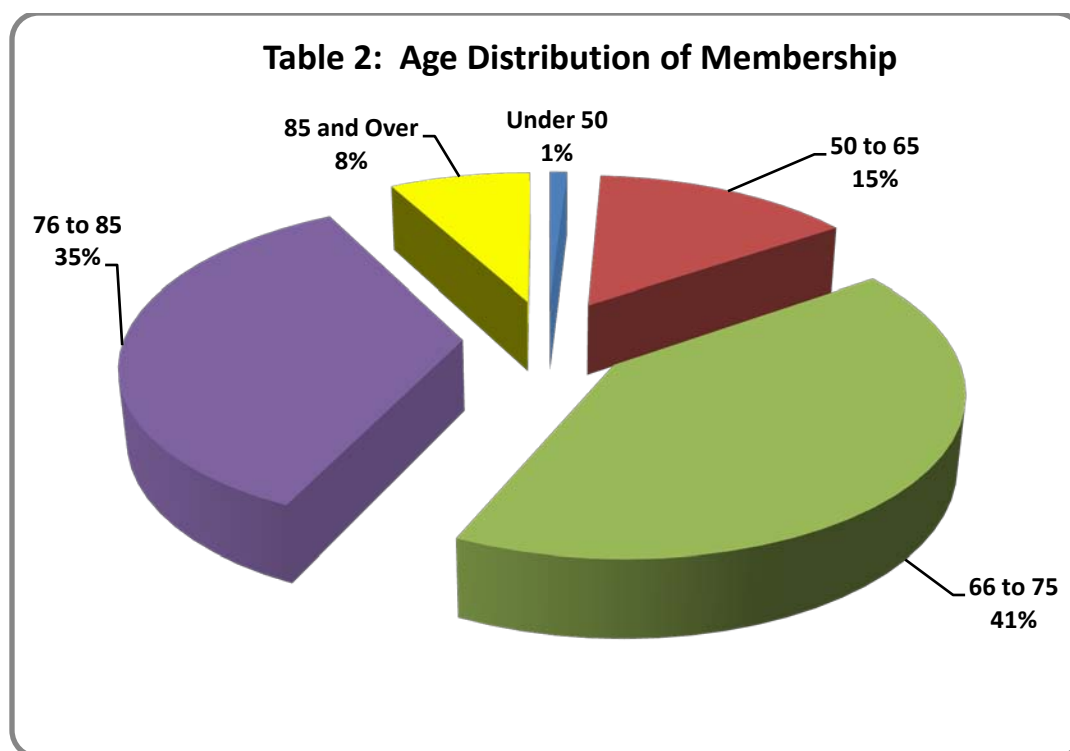
The majority of members are between the age of 66 and 75 (41%) and between the age of 76 and 85 (35%). However, it should also be noted that older adult centres are serving a portion of the “Baby Boomer” population with 15% of the members being between the age of 50 and 65. This represents an almost 100% increase in the past decade when compared to 1998 the percentage of members under the age of 65 using older adult centres was only 8%<sup>4</sup>.

Older adult centre also serve many seniors who are over the age of 85 (8%). While 8% may not seem like a large portion of the population, it should be kept in mind that within the general population in Ontario, the 85 and over age group accounts for only 4% of the overall population<sup>5</sup>. This factor also points to one of the key benefits of older adult centres in Ontario because the 85 and over age group is viewed as one of the key priorities for the health sector in Ontario and is a large component of the priorities that are being identified through population health approaches. Older adult centres offer an important preventative health service for this portion of the population which can greatly assist the health care system to reduce overall health costs. Ultimately, these health promotion approaches within this population group will help to support provincial health strategies such as, reducing E. R. visits.

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<sup>4</sup> OACAO, Profile of Older Adult Centres in Ontario, 1998.

<sup>5</sup> Statistics Canada, 2006 Census.



The regional distribution by age category indicates a fairly homogeneous distribution pattern across the province. However, there are some noticeable differences within certain age categories. For example, the Toronto region has a much older population within centres where 16.3% of the membership is over the age of 85 as compared to the provincial average of 8%. The Grand River region has the youngest population with 18 % of the members under the age of 65 though this region also has a high proportion of older members with 11.9% of the members over the age of 85.

The age distribution for individual older adult centres shows some interesting findings as well. For example, the older adult centres with the highest portion of members under the age of 65 included:

- Oshawa Senior Citizens Centres 34.1%
- 404 RCAFA Rotary Adult Centre (Waterloo) 27.9%
- Centres for Seniors (Windsor) 22.9%
- North York Seniors Centre 20.3%

The range of younger members from the total survey was from 4.4% to 34.1%.

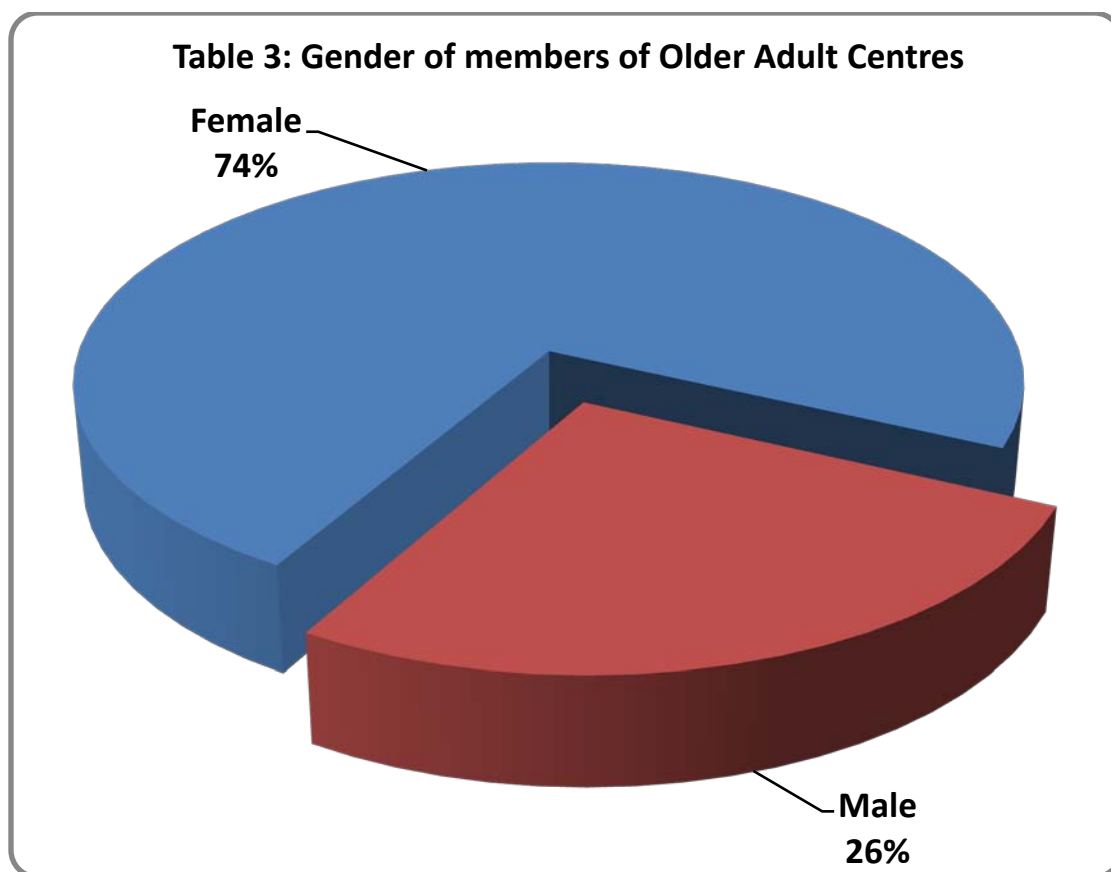
The older adult centres with the highest portion of members over the age of 85 included:

- North York Seniors Centre 24.1%
- Community Care East York 21.1%
- Whispering Pines 16.7%

The range of older members from the total survey was from 0.7% to 24.1%.

## B. Gender of Members of Older adult Centres

It is a fairly well known fact that the members of older adult centres are predominantly female and that this statistic is far higher than the actual population statistics. For older adult centres in Ontario, almost three quarters of the members are females (74%) (See Table 3). This distribution is similar to the studies that have been done by OACAO in the past and this number remains virtually unchanged.



From a regional perspective, the South West Region has the highest portion of males at 34.2% followed by the Central Region (30.1%) while the Toronto Region has the lowest portion of males at 16.1%. The remainder of the regions are fairly close to the provincial average. From an individual centre perspective, the following centres had the highest portion of male members;

- |                                      |       |
|--------------------------------------|-------|
| • Tillsonburg Seniors Centre         | 42.2% |
| • Huntsville Centennial Seniors      | 36.7% |
| • Oshawa Senior Citizens Centres     | 36.4% |
| • Ancaster Senior Achievement Centre | 35.0% |

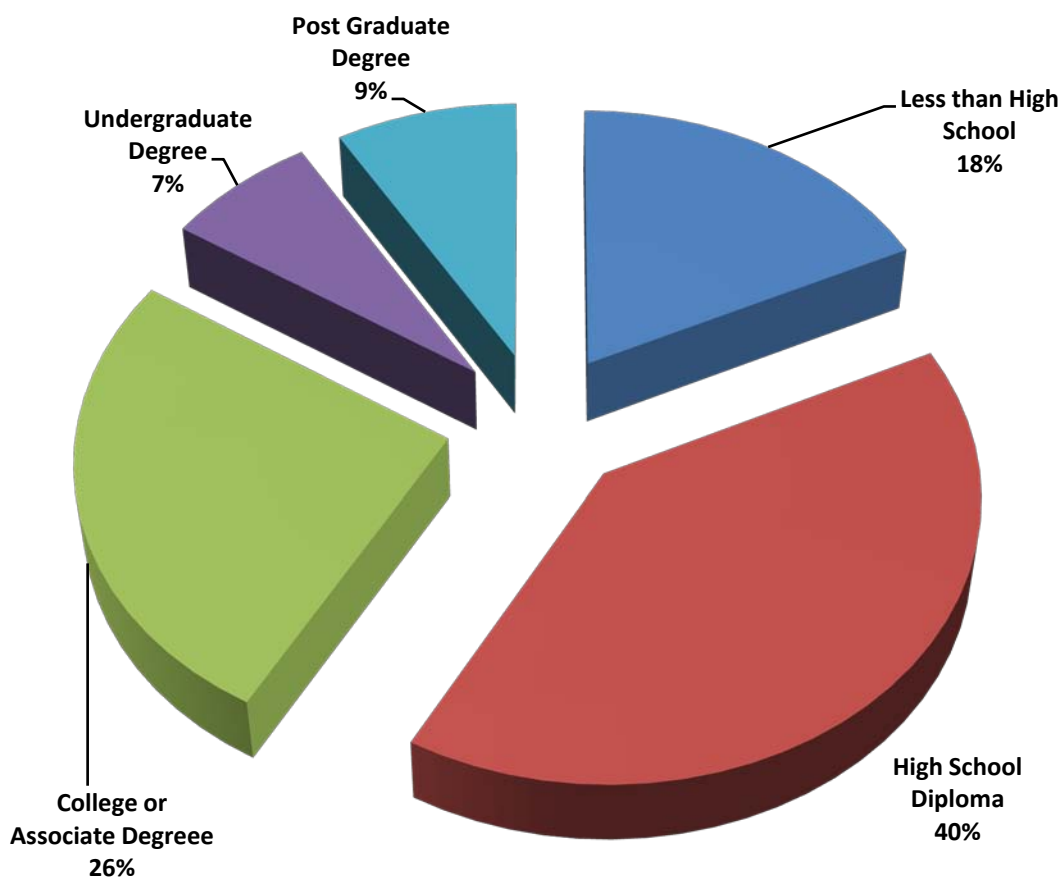
The following older adult centres had the lowest portion of male members;

- Centres for Seniors Windsor 12.8%
- Acton Seniors Recreation Centre 15.8%
- North York Seniors Centre 17.1%

### C. Education Level

The majority of the members of older adult centres in Ontario have a high school diploma (40%) or less than a high school diploma (18%) (See Table 4). Slightly more than 25% of the members have a college diploma (26%) while very few of the members have an undergraduate degree (7%) or post graduate degree (9%).

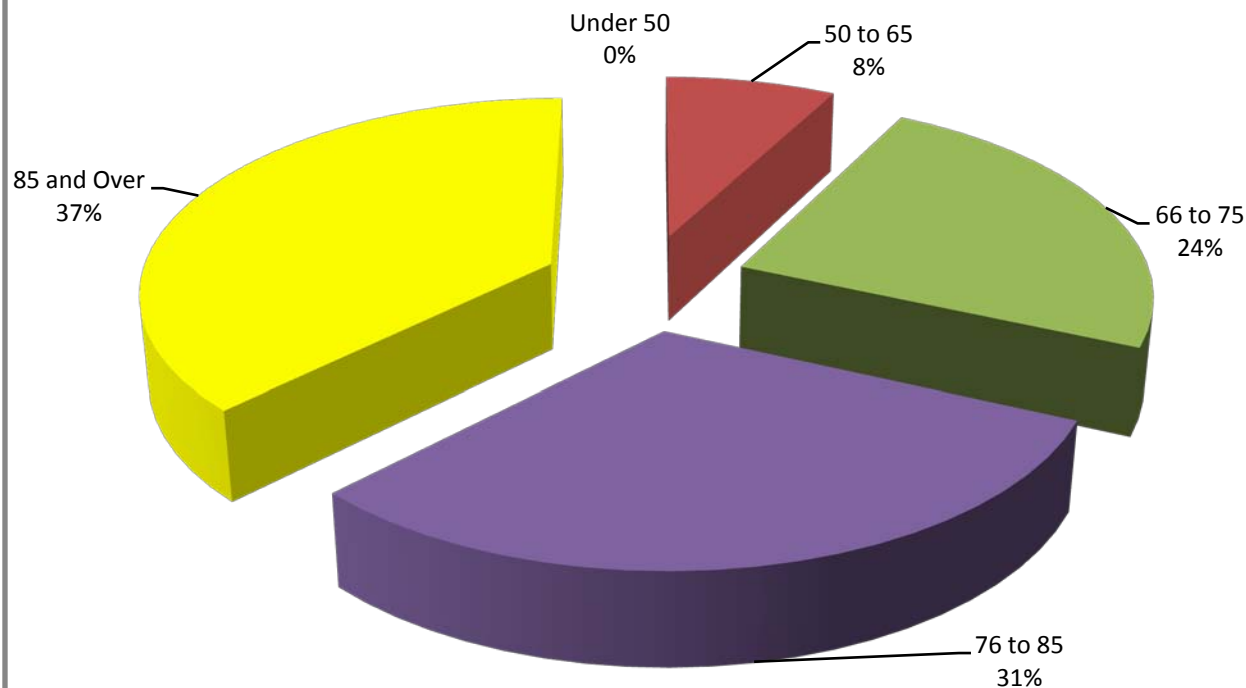
**Table 4: Highest Level of Education**



There are only minor variances in education levels throughout the regions of Ontario and the only notable statistic is that the education levels in the North and the Central Regions appear to be slightly lower than the other regions. In contrast, the Grand River Region, the South West Region and the Toronto Region have the highest levels of Under Graduate and Post Graduate members. Again, it is worth noting that these variances are only very minor in nature.

As would be expected, education levels decline proportionately with the age of members (See Table 5). For the 50 to 65 year old age group, only 8% of the members have not obtained a high school education while almost 25% of the 66 to 75 year old age group have not obtained a high school education. This trend continues for older members where for the 85 and over age group 37% of the members do not have a high school education.

**Table 5: Less than High School Education by Age**

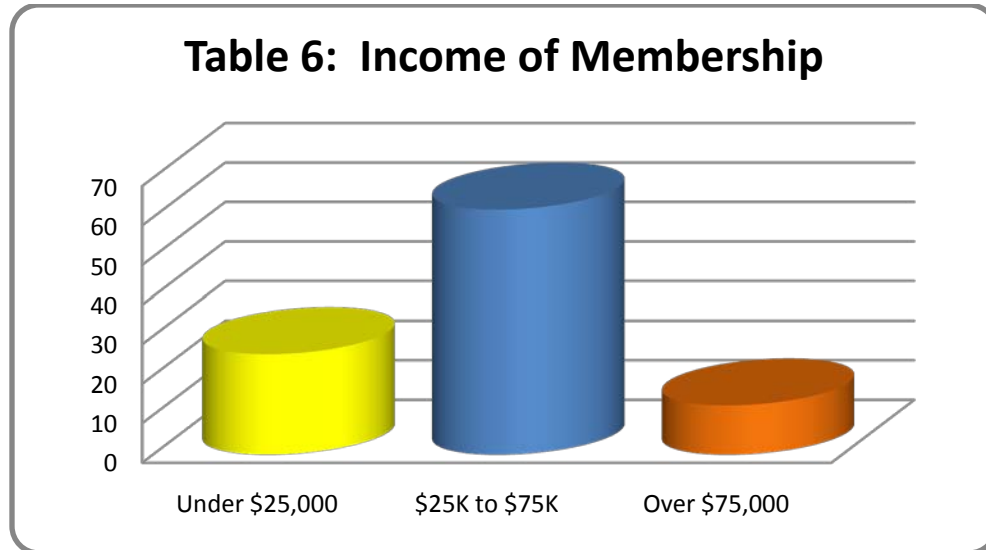


The most educated group of members are the 50 to 65 year old group or the “Boomers”. More than one quarter of the “Boomer” Group (26.3%) have an under graduate or post graduate degree which is at least 10% higher than any other age category.

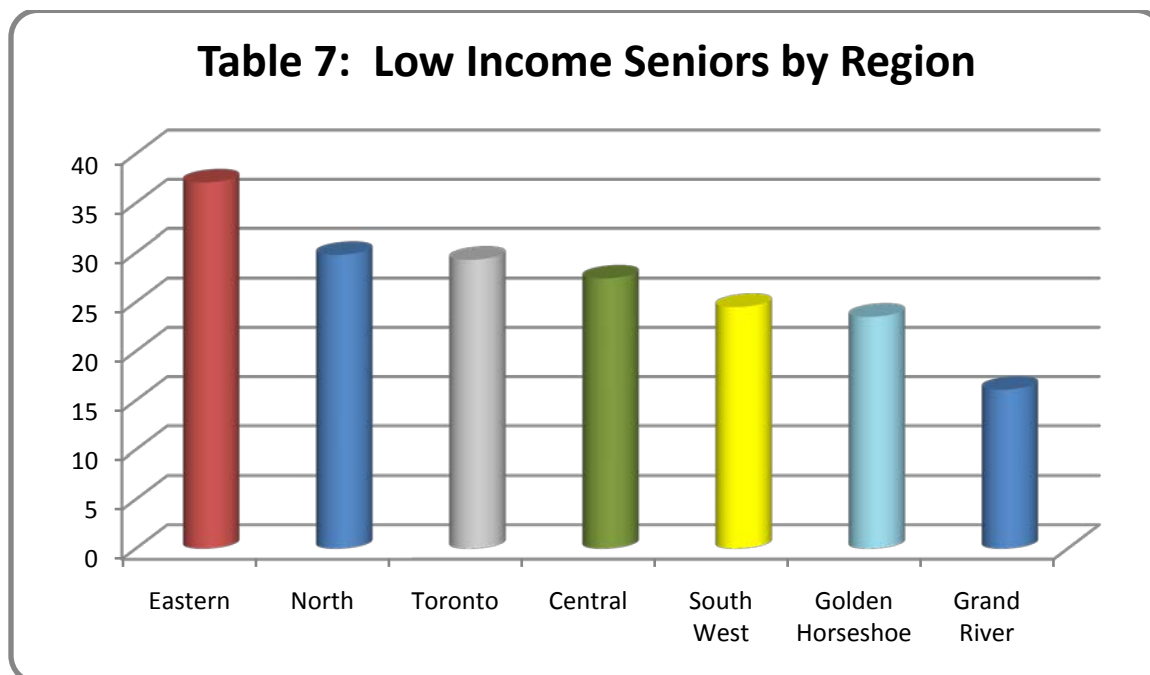


## D. Income Levels

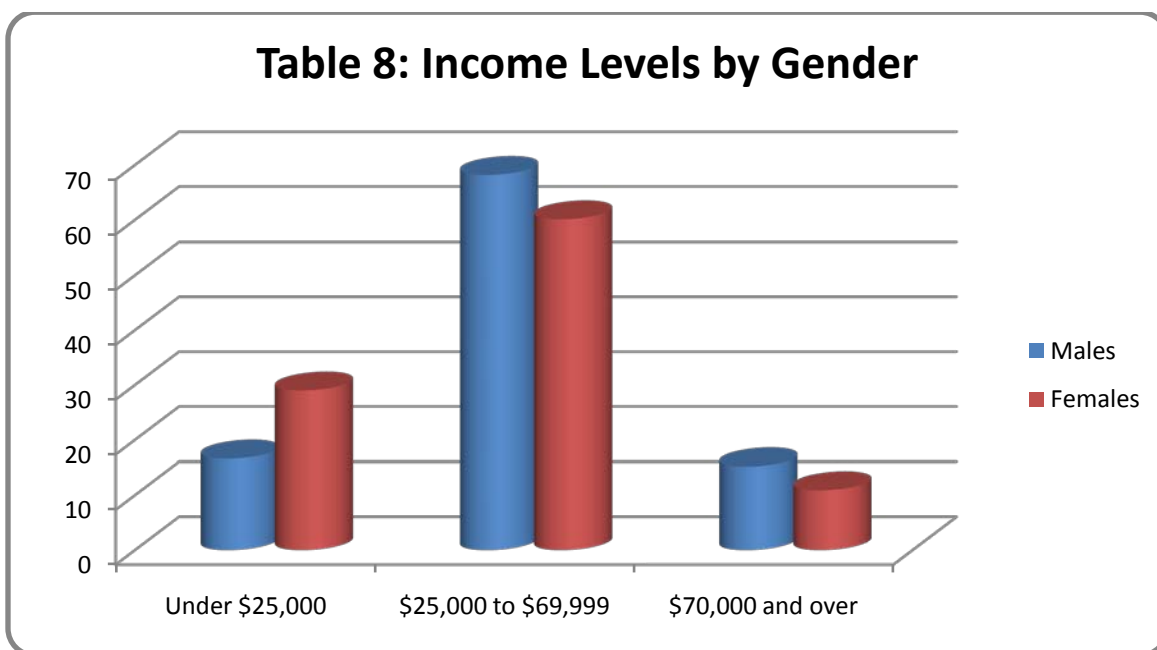
Older adult centres tend to cater to mostly middle income (70%) or lower income seniors (20%) (See Table 6). A very small portion of the membership of older adult centres would be classified as high income. For the lower income members, most have income levels at or close to the poverty line.



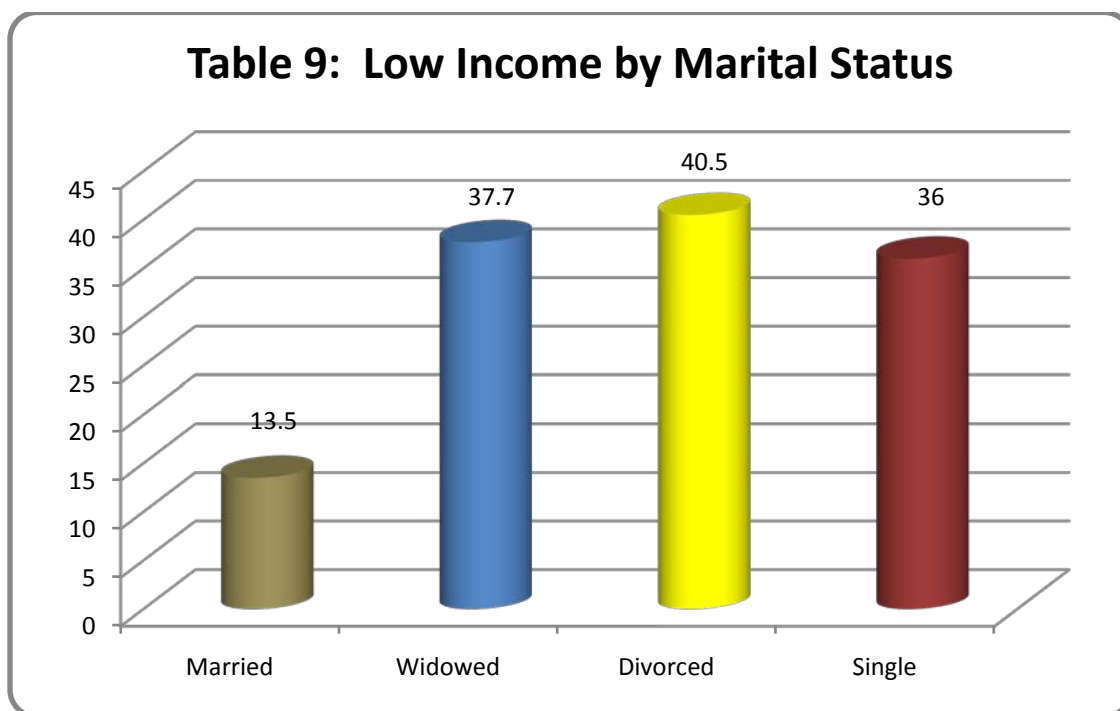
The income distribution by region indicates that the Eastern Region has the highest portion of low income seniors (37%) followed by the North Region (29%), Toronto Region (28%) and the Central Region (26%) (See Table 7). It should be noted that the Eastern Region results consist of only one older adult centre so this may impact the results.



The survey results suggest that there is not equity among females and males in terms of income levels (See Table 8). Almost one third (29%) of the female members were in the lower income bracket while only 17% of the male members were in the lower income bracket.



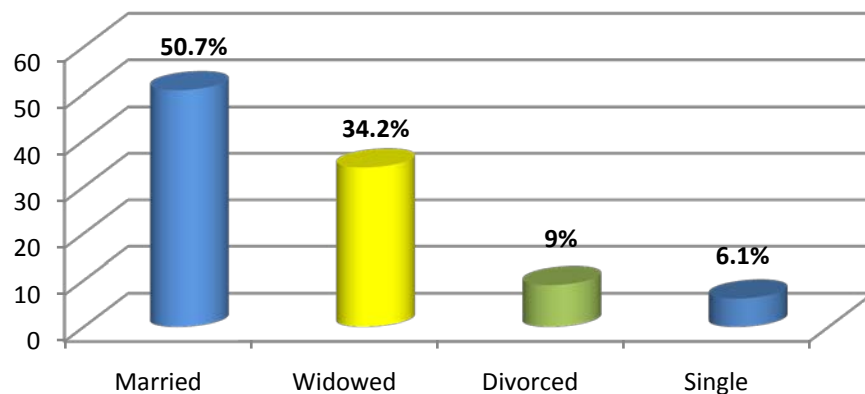
The income levels of members are also impacted strongly by their marital status (See Table 9). Less than 15% of the members who are married (13.5%) are in the lower income category while more than one third of the members who are divorced, widowed or single are in the lower income bracket.



## E. Marital Status

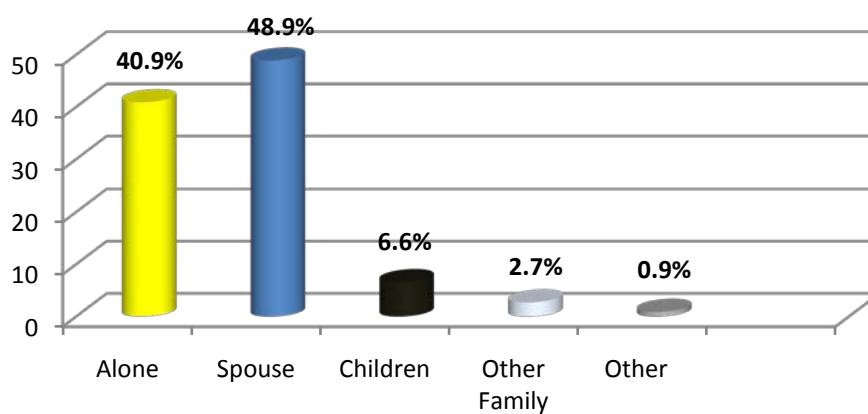
Slightly more than half of the members of older adult centres are married (50.7%) while more than one third of the members are widowed (34.3%) (See Table 9). This suggests that older adult centres play a large role in providing social interaction opportunities for their members including half of this group who are widowed, divorced or single.

**Table 9B: Marital Status**



To support this finding, over 40% of the members of older adult centres live alone while 49% live with a spouse and the other 10% live with other family members including children (See Table 10).

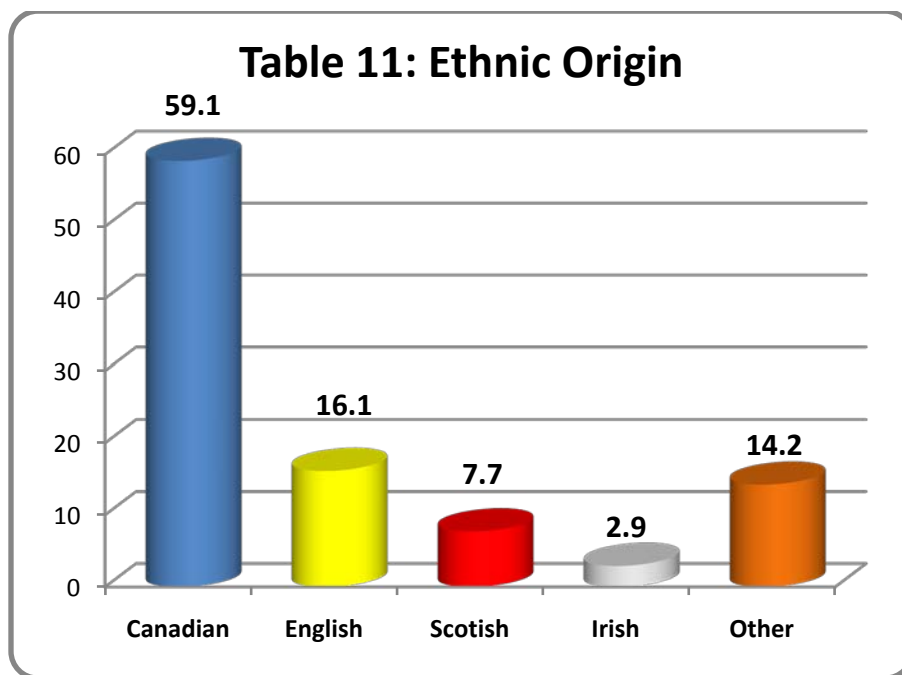
**Table 10: Living Arrangements**



The results did not vary too much by region though it was interesting to note that only 28% of the Eastern Region members were married and only 30% of the Toronto Region members were married. These numbers are about 20% lower than the provincial average. The Eastern Region also had a divorce rate that was about 10% higher than the provincial average.

## F. Ethnicity

Earlier research conducted by OACAO as part of the Building Bridges to Tomorrow project suggested that older adult centres in Ontario were not serving a large ethnic population. The Centres of Interest survey results show that this trend is very accurate. In fact, over 85% of the members of older adult centres are from Canadian, English, Scottish or Irish backgrounds (see Table 11).



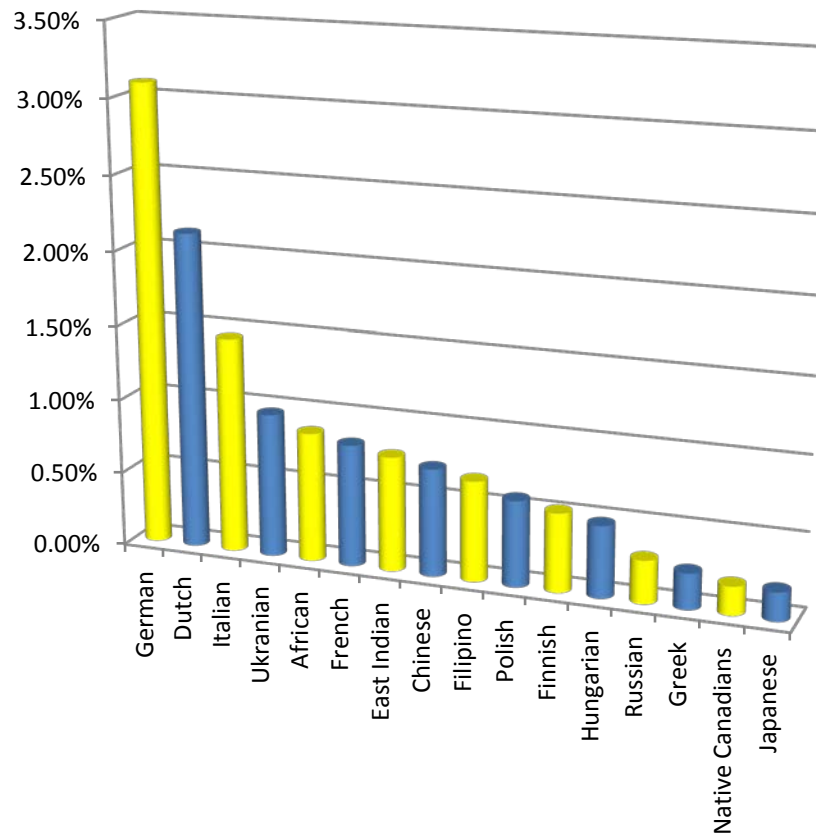
There are no real patterns that develop when examining the other non English/Canadian ethnic backgrounds (See Table 12). German, Dutch and Italian are the three leading groups though the penetration level for these groups is 3% or less.

The membership of older adult centres in Ontario consists of only 4% visible minorities (See Table 13). This statistic would seem to be very low given the composition of many of the communities served by centres participating in the Centres of Interest survey. On a regional basis, Toronto has the highest penetration of visible minorities (7%) followed by the Golden Horseshoe Region (5.9%) (See Table 14). All of the other regions are less than 2% in terms of visible minorities.

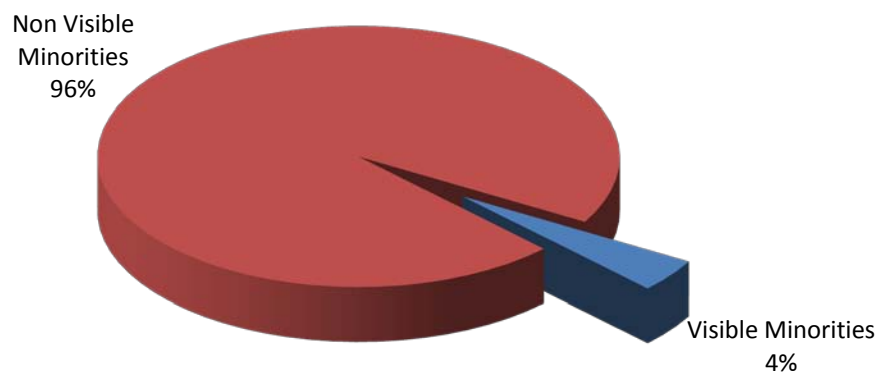
The majority of the members of older adult centres in Ontario stated that English was their first language (91%) (See Table 15).

In summary, it is clear from the survey results that the portion of ethnic members currently participating in centres is far less than the population mix for most communities. However, it should also be noted that many communities may have ethno-specific organizations and programs.

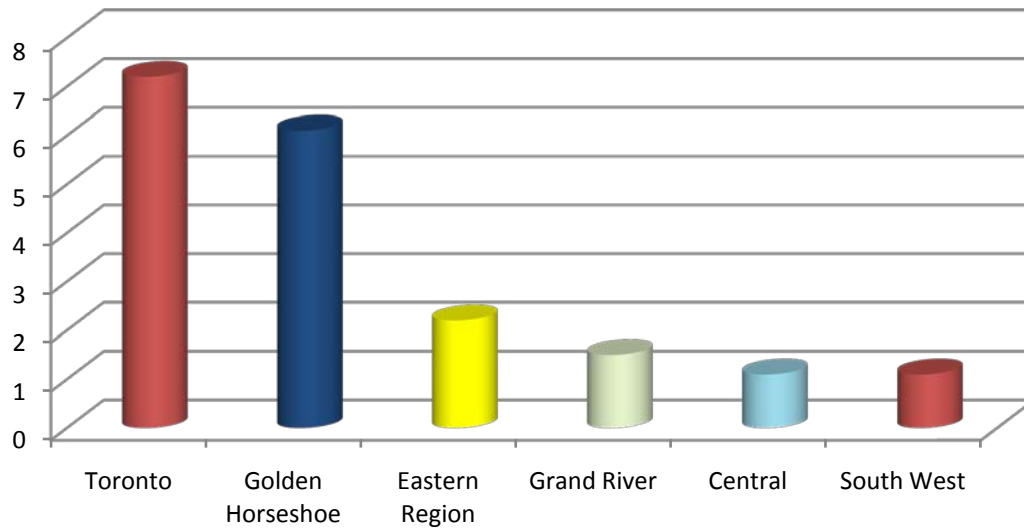
**Table 12: Non-English/Canadian Ethnic Origin**



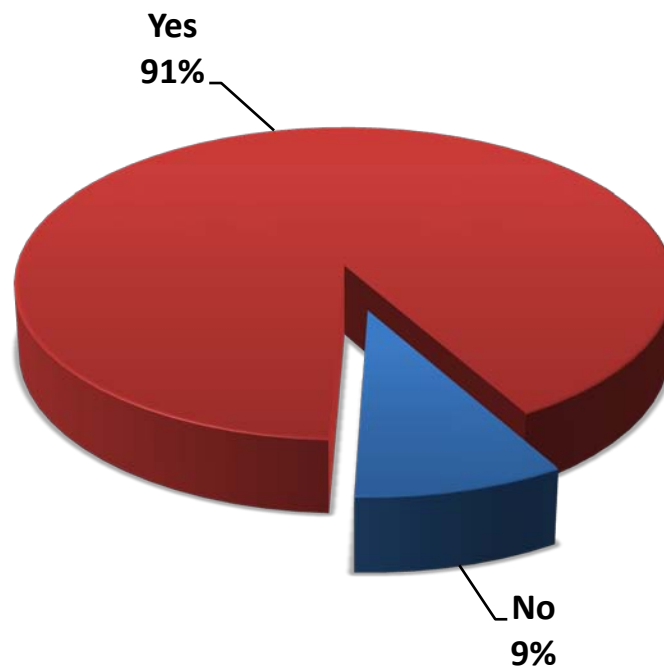
**Table 13: Visible Minorities served by Older Adult Centres**



**Table 14: Visible Minorities by Region**



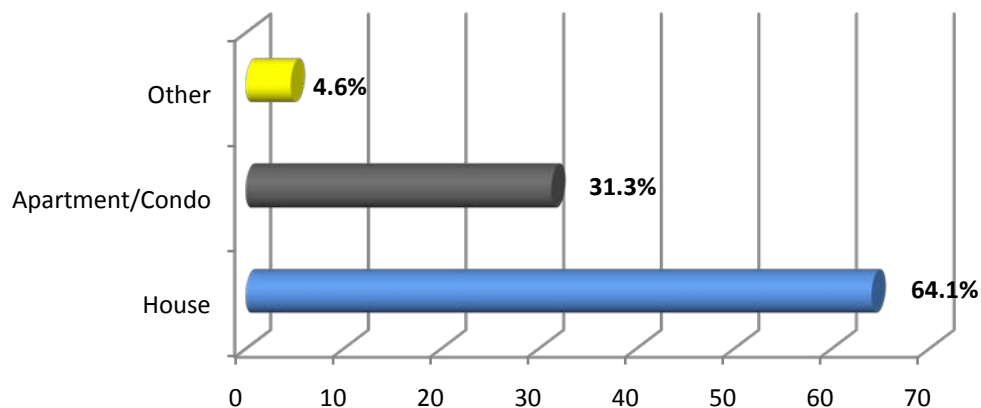
**Table 15: English as First Language**



## G. Dwelling Type and Location of Members

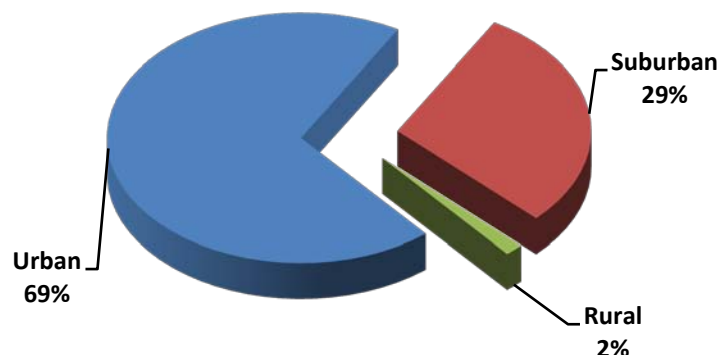
The majority of members of older adult centres live in a house (64.1%) followed by apartment/condominium (31.3%) (See Table 16). There are two specific regions that have a much higher level of members living in apartments or condominiums; Eastern Region (56.4%) and Toronto (47.9%). Other notable statistics from the survey include; 3.8% of the members in the North Region living in a mobile home and 5.1% of the member from the North Region live in a senior retirement residence. Both of these statistics are much higher than the provincial average.

**Table 16: Dwelling Type**



More than two thirds of the members of older adult centres live in an urban area (69%) while 29% live in a suburban area and only 2% live in a rural area (See Table 17).

**Table 17: Location of Membership**





### **Key Findings**

- Members have great longevity in terms of the number of years that they remain active within a centre
- At least one quarter of the members have been members for more than 10 years and more than half of the members have been members for more than 5 years
- The length of visit for two thirds of the members is between 2 and 4 hours
- More than half of the members attend the centre 2 to 4 times per week
- One third of the members live within 2 kilometres of the centre and 85% of the members live within 10 kilometres of the centre
- More than two thirds of the members drive to the centre
- The type of community has a large impact on mode of transportation with rural, exurban and suburban communities being far more dependent on automobiles
- Less than 5% of the members use special needs transportation to get to the centre
- Almost one quarter of the members stated that they might attend the centre more often if better transportation was available
- Exurban and suburban centres have the greatest need for improved transportation services
- Less than one third of the members are active in other leisure/recreation facilities

## **Membership Patterns in Older Adult Centres** \_\_\_\_\_



## IV. MEMBERSHIP PATTERNS IN OLDER ADULT CENTRES

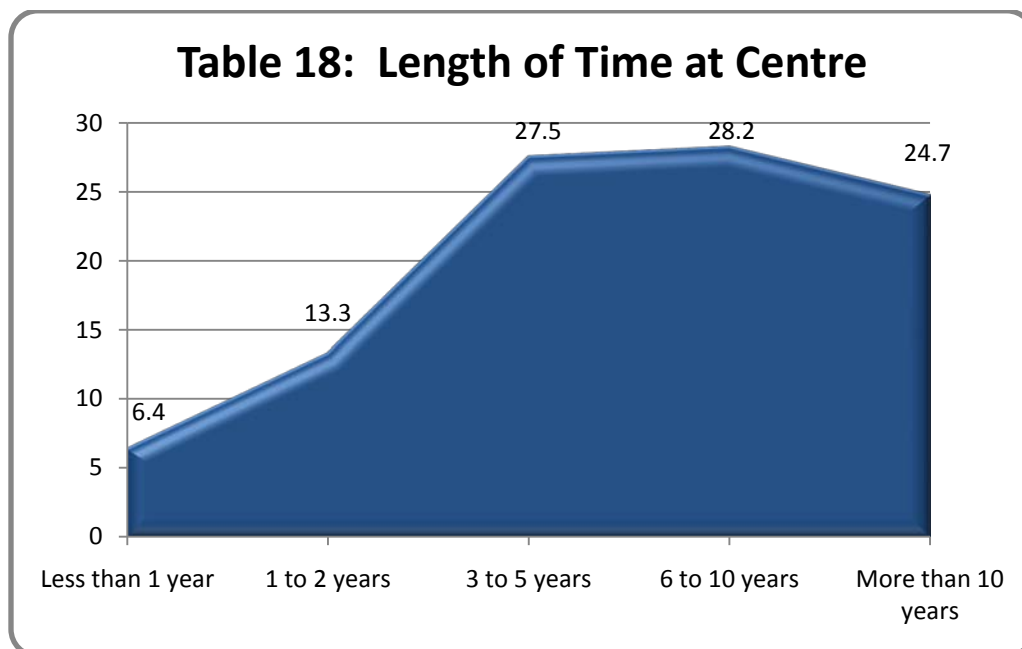
Members of older adult centres tend to be very active in terms of the frequency of how they participate at the centre and also in terms of their longevity in terms of membership. For many members, the centre represents a “home away from home” where they spend a great portion of their leisure time. For the majority of the members, they also enjoy many years of participation at the centre from their early retirement years to their later years past the age of 80.

Membership patterns in older adult centres will include;

- Length of time at the centre
- Attendance at the centre
- Distance from the centre
- Mode of transportation to the centre
- Participation in other organizations/facilities

### A. Length of Time and Attendance at the Centre

The longevity of membership for older adults within a centre is an impressive statistic that demonstrates the great value that centres play in the lives of older adults. The majority of the members of older adult centres have been members for 6 or more years (53.4%) and almost one quarter of the members have been members for more than 10 years (24.7%) (See Table 18). On the other end of the spectrum, the annual influx of new members is 6.4% and the two year level is 13.3%. Perhaps the most impressive statistic is that more than 80% of the membership of older adult centres has been members for 3 or more years. This suggests that members are very satisfied and committed to their local older adult centre.



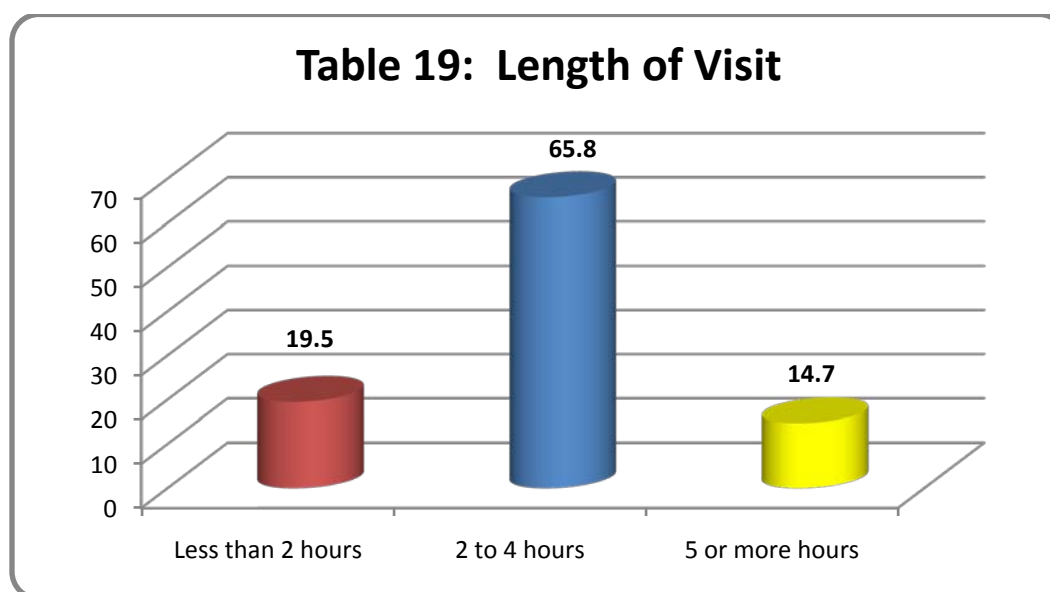
From a regional perspective, the Toronto Region has the greatest annual turnover of members (10.4%) and the greatest 2 year turnover (25.9%) while the Grand River Region (4.2%) and the North Region (4.3%) have the lowest number of members who are joining the centre in their first year. At the same time, the longevity of the membership beyond 5 or 10 years does not vary much throughout the regions with the exception of the North Region where more than one third of the members (36%) have been members for more than 10 years as compared to the provincial average of 25%.

These results suggest that urban areas such as Toronto have a more transient membership than other areas. It also points to some areas of concern in the Grand River Region and in particular the North Region where there appears to be a trend that new members are not joining the centres at the same rate as the memberships are aging within the centre. In the North and Grand River Region, the portion of members over the age of 75 is almost 50% of the membership (48.6%) and is noticeably higher than other regions.

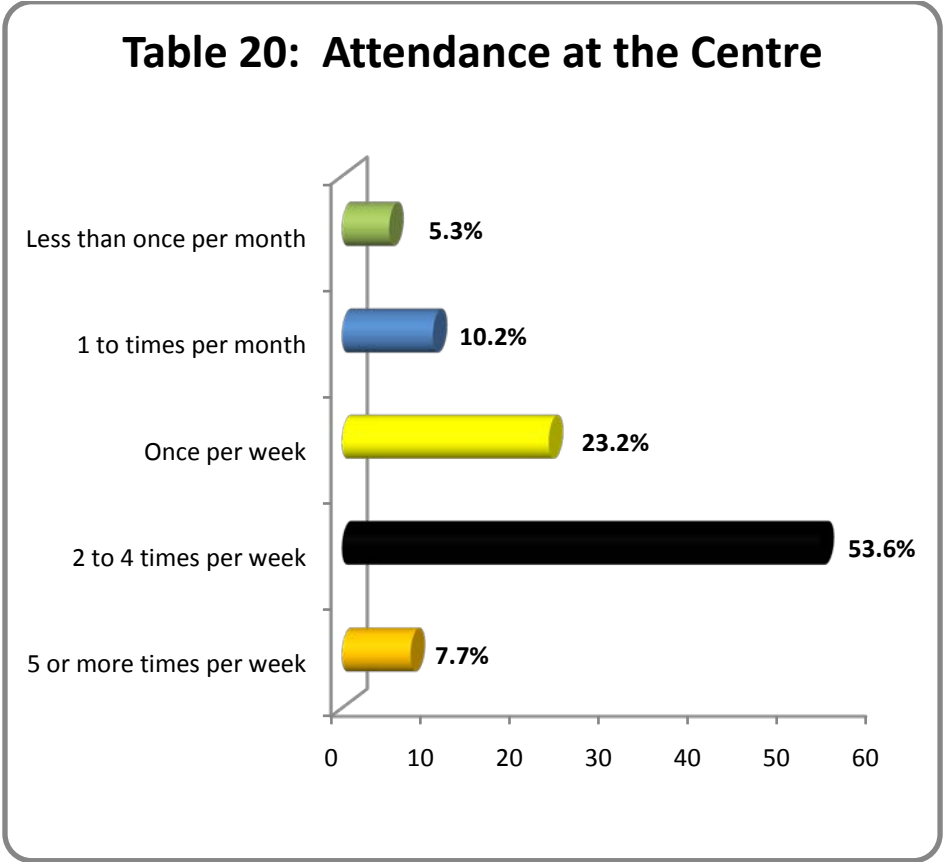
The age distribution of new members of older adult centres (members for less than one year) also provides some interesting statistics. The biggest age category of new members is people between the ages of 66 to 75 (46.8%) though the “Boomers” also have a good market share at 31.7%. Only 20% of the new members are over the age of 75.

Longer term members also tend to spend more time at the centre than other members during each visit. While the average number of members who spends 5 or more hours at the centre during each visit is 14.6%, almost 20% of the long term members (more than 10 years) spend 5 or more hours at the centre (19.6%). Conversely, the average number of members who spend 2 or less hours at the centre is 19.5% but this average climbs to 25.9 for short term members (less than 1 year of membership).

The majority of members of older adult centres spend 2 to 4 hours at the centre during each visit (65.8%) while there are some members who do have longer visits of 5 or more hours (See Table 19).



Members of older adult centres are extremely active within their centre with the majority of the members visiting the centre 2 to 4 times per week (53.6%) and more than three quarters of the members visiting the centre at least one time per week (84.3%). Casual or transient users of older adult centres make up about 17.5% of the membership. Not surprisingly, the newer members are less active within the centre during their first year of membership. The new members use the centre 2 or more times per week on average 43.5% as compared to the overall average of 61.4%.

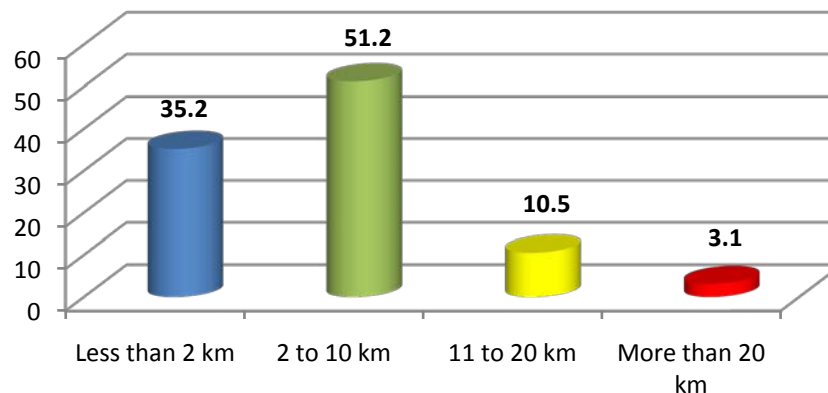


**B. Transportation to the Centre**

The majority of members at older adult centres live within 2 to 10 kilometres from the centre (51.2%) while more than one third of the members live less than 2 kilometres from the centre (35.2%) (See Table 21). Less than 15% of the members drive more than 10 kilometres to the centre. There were no major differences in the distance from the centre between the difference regions.

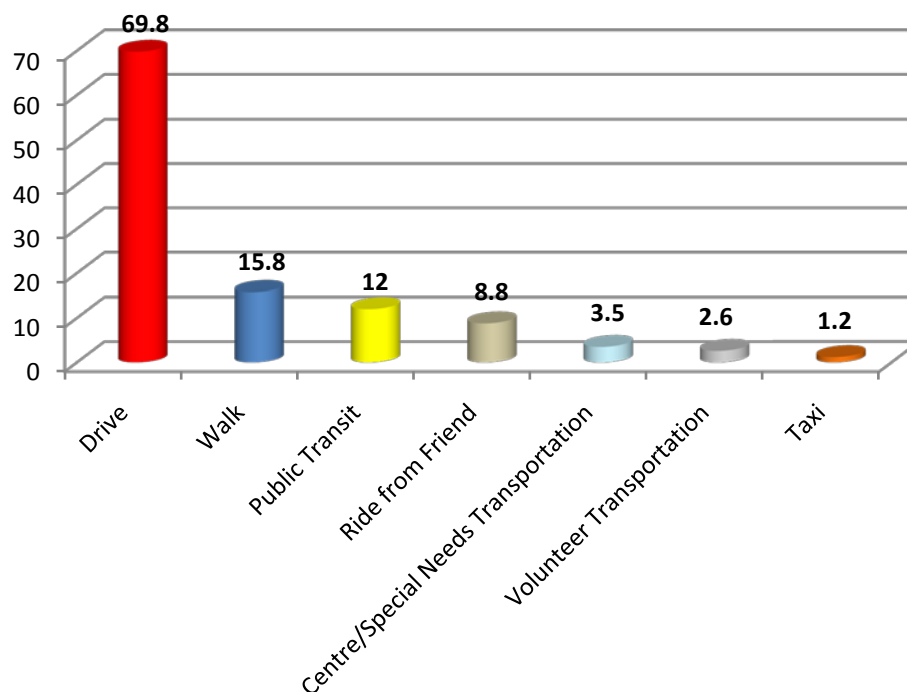
For individual centres, there were some centres that had a much greater range in terms of the distance travelled to participate at the centre. For example, 36% of the members at the Good Companions Centre and the Centre for Seniors Windsor travelled more than 10 kilometres to the centre. Ancaster Achievement Centre for Seniors also had 30% of their members travelling more than 10 kilometres.

**Table 21: Distance from the Centre**

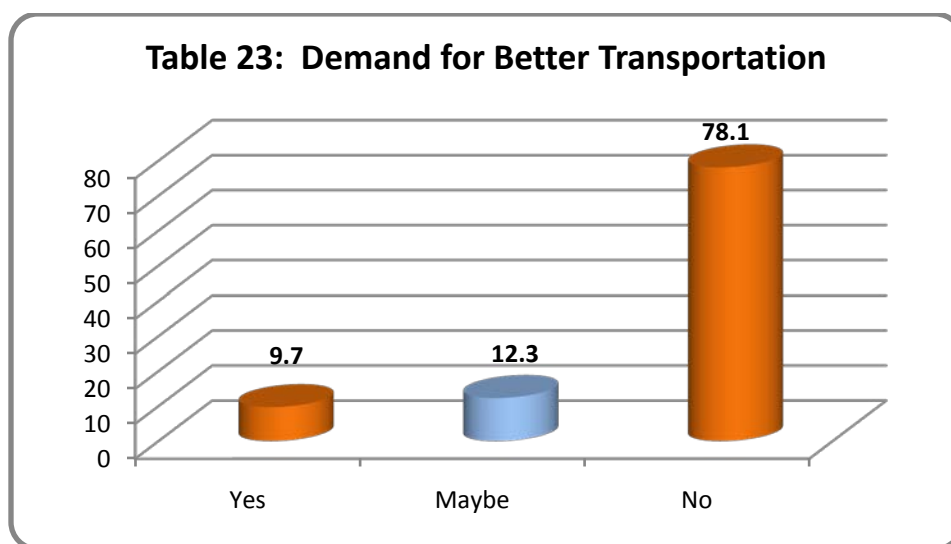


The majority of members of older adult centres drive to the centre (69.8%) though some also walk to the centre (15.8%) followed by public transit (12.0%) and a ride from a friend (8.8%) (See Table 22). Very few of the members use special needs transportation (3.5%), volunteer transportation (2.6%) or taxis (1.2%). This would suggest that overall members of older adult centres are physically active and able to use regular transportation modes.

**Table 22: Mode of Transportation**



Less than 10% of the members indicated that they would use the centre more often if there was better transportation available (9.7%) while 12.3% did indicate that they might use the centre more often (See Table 23). Though this statistic does not greatly support the need for specialized transportation for older adult centres, it should be kept in mind that many of the members, who might have kept participating at the centre, may have stopped their participation because of transportation issues and would not be part of the survey. Certainly for centres with a higher portion of members over the age of 75, improved transportation options would be worth investigating.



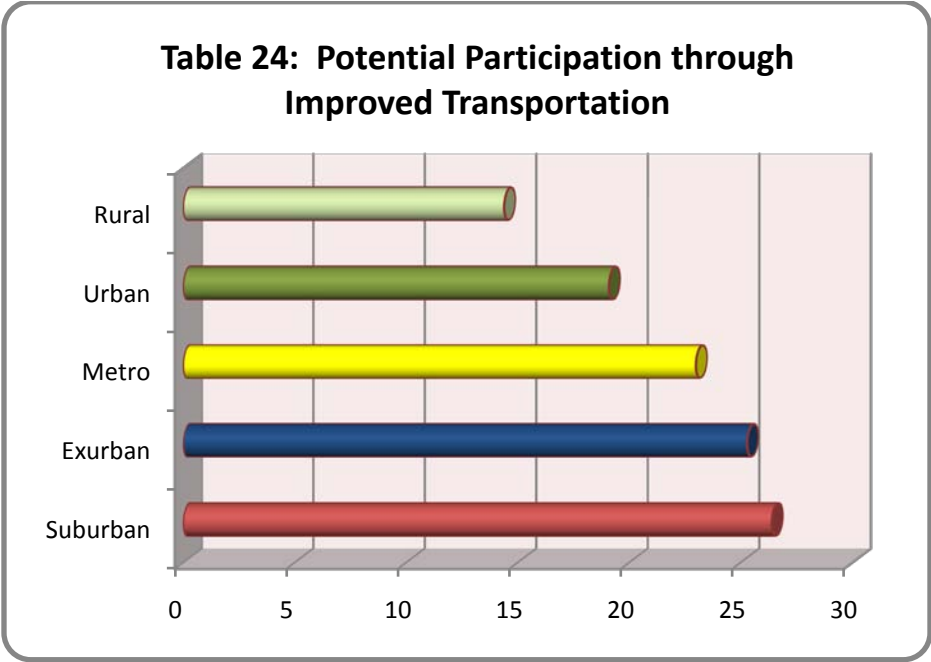
For individual centres, there does seem to be a definite correlation between transportation needs and the geographic characteristics of the community. For example, for ex-urban<sup>6</sup> communities such as, Halton Hills, both older adult centres reported a higher demand for better transportation related to participation at the centre. More than one quarter of the members in Acton (27.9%) and Georgetown (25.3%) stated that they might participate more at the centre if better transportation was available. This is compared to the provincial average of 22%.

Suburban centres tend to have an even greater transportation issue than the ex-urban communities. For example, almost 40% of Oshawa members stated that they might attend the centre more often if better transportation was available (39.6%) while the same trend was seen in Whitby (30.5%) and Mississauga (37.2%).

Overall, the type of community does impact on transportation needs for members of older adult centres (See Table 24). The suburban and exurban communities tend to have the greatest need for better transportation though the metropolitan communities (Toronto/Ottawa) also have some demand for better transportation. The smaller urban areas and rural areas have much less demand for better transportation.

<sup>6</sup> A region lying beyond the suburbs of a city. The expression **exurb** (for "extra-urban") was coined by Auguste Comte Sectorsky in his 1955 book *The Exurbanites* to describe the ring of prosperous communities beyond the suburbs that are commuter towns for an urban area. Most exurbs serve as commuter towns, but most commuter towns are not exurban.

An examination of these trends might suggest that there are two main factors that create the need for better transportation. For suburban communities, much of their transportation infrastructure is focused on commuters rather than local transportation and for exurban communities; they tend to be smaller in nature and do not have large transportation infrastructures. Both types of communities are focused on automobiles for the primary mode of local transportation. On the other end of the spectrum, rural communities have a greater network of friends for providing transportation.

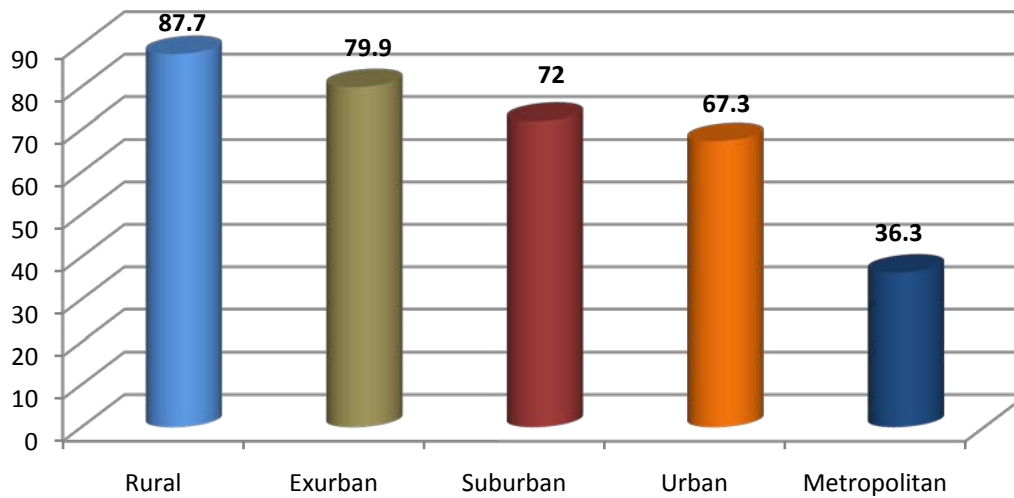


There was a vast difference in the members who received transportation from friends to attend the centre throughout the different types of communities. For example, more than 15% of the members in exurban communities received transportation from friends (16.9%) while for rural communities slightly more than 10% received transportation from friends (10.5%). This trend was slightly lower for suburban communities (9.4%) and very low for urban (6.5%) and metropolitan communities (2.3%). In a general sense, transportation assistance from friends is inversely related to the size of the community.

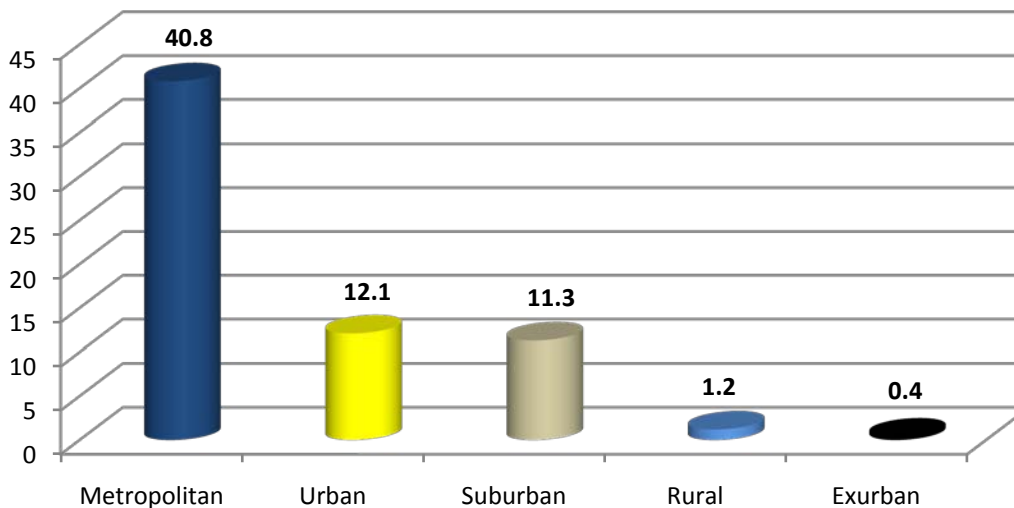
Though the majority of members of older adult centres in Ontario do use the automobile as the primary mode of transportation to the centre, there are some major differences between the different types of communities (See Table 25). It is not surprising to see that rural communities are the most dependent on cars (87.7%) and that this dependency declines as the availability of public transportation increases. However, it is worth noting that in metropolitan areas the use of cars to attend older adult centres is only about half of the provincial average (36.5%).

The use of public transportation to participate at an older adult centre is very low in most communities with the exception of metropolitan areas (See Table 26). The provincial average for public transportation is only 21% but for metropolitan centres this usage jumps to 40.8%. This finding would suggest that only the metropolitan areas have an adequate supply of transportation services and even smaller urban communities are lacking in terms of public transportation.

**Table 25: Automobile as Primary Mode of Transportation by Community Type**



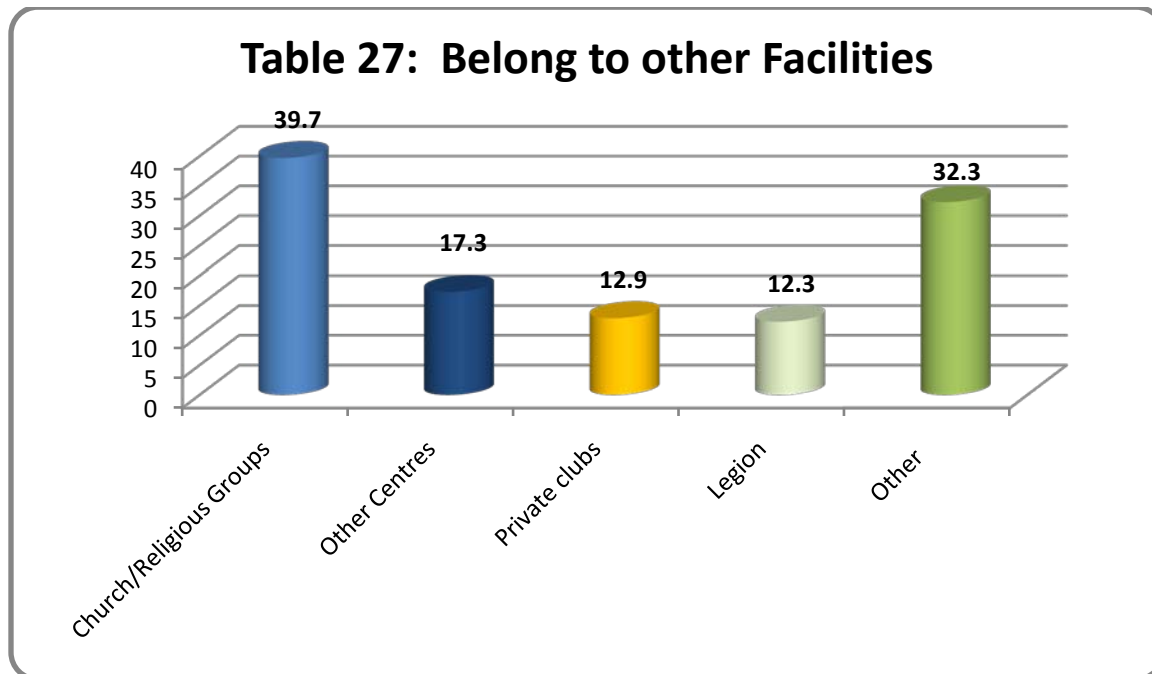
**Table 26: Public Transportation as Primary Mode of Transportation by Community Type**



Another notable finding from the survey is that less than 3% of the members of older adult centres use specialized transportation to participate at the centre (2.6%). Only the metropolitan area centres have a reasonable level of specialized transportation usage (13.1%) while in the remaining communities the use of specialized transportation is virtually non-existent. This trend would more than likely be a reflection of the current availability of specialized transportation and the lack of this type of service in smaller communities.

### C. Participation at Other Types of Facilities

Many of the members of older adult centres are also active within other organizations however, other than church or religious based groups (39.7%), this participation level is fairly low (See Table 27). Less than 20% of the respondents were members of other centres (17.3%) while private clubs (12.9%) and legions (12.3%) had a small market share. One third of the respondents did indicate that they belonged to other types of organizations (32.3%) such as; fitness clubs, bridge clubs and book clubs.



There was little variation in terms of participation with respect to the type of community except participation in other centres tended to drop in smaller communities – most likely due to a lack of options. Church participation also had an inverse relationship with the size of the community. For example, church participation was only 26.3% in metropolitan areas as compared to 48.9% in rural areas. Legion participation was also greater in exurban and rural areas as compared to suburban and urban communities.





#### **Key Findings**

- “Word of mouth” marketing is the most effective way to reach potential members of older adult centres
- Less than 1% of members use the internet as a primary marketing mode
- Primary healthcare providers are not effective in terms of marketing older adult centres
- Less than 1% of current members find out about older adult centres through primary healthcare providers
- Printed material is the most effective tool for marketing program information within an older adult centre
- The internet has a very small impact on marketing program information within a centre
- The use of the internet for marketing has an inverse relationship with age

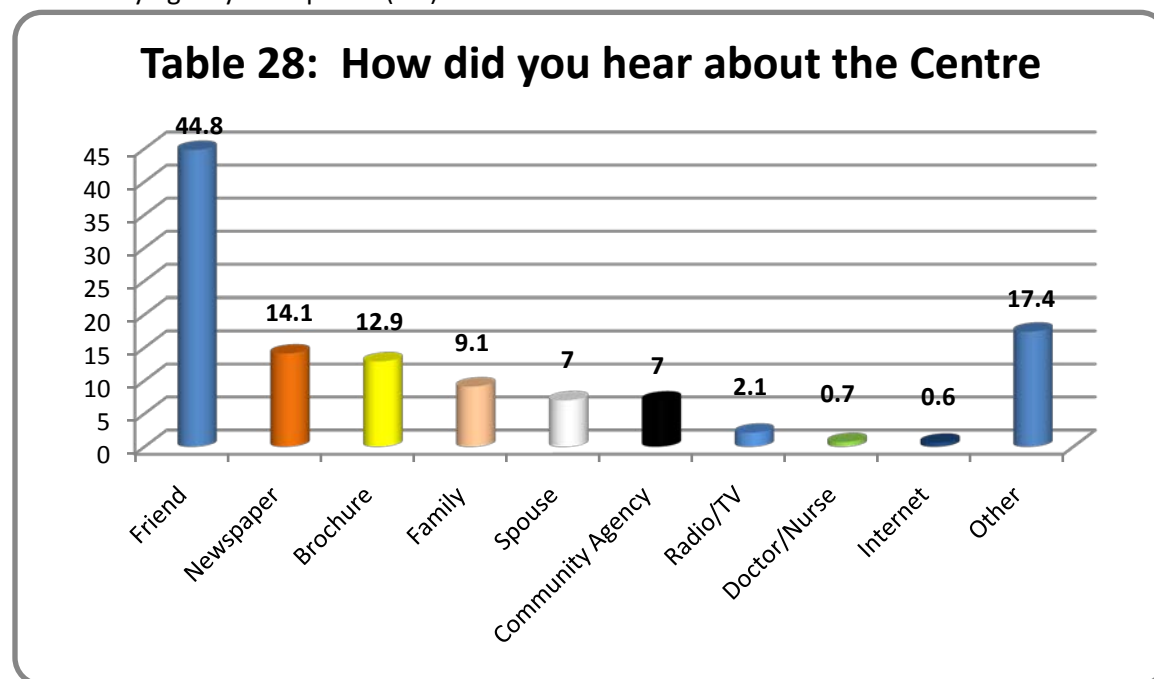
## **MARKETING OLDER ADULT CENTRES** \_\_\_\_\_

## V. MARKETING OLDER ADULT CENTRES

Marketing older adult centres is a difficult task in most communities. Due to limited budgets and a growing audience, it is very difficult to reach the entire community. This section will look at marketing both from the point of view of how members are attracted to the centre and also once they are members, how they find out about programs and services at the centre.

### A. Attracting Members to an Older Adult Centre

Older adult centres use a variety of methods to market their programs and services to the community. Over the past several years, technology has provided new alternatives for marketing along with the traditional methods. However, despite the emergence of new marketing opportunities, the conventional, low cost “tell-a-friend” method is still the best technique by far (44.8%) (See Table 28). Other approaches that have some success include; newspaper (14.1%), brochure (12.9%), family (9.1%), community agency and spouse (7%), radio/TV (2.1%), doctor/nurse (0.7%), internet (0.6%), and other (17.4%).

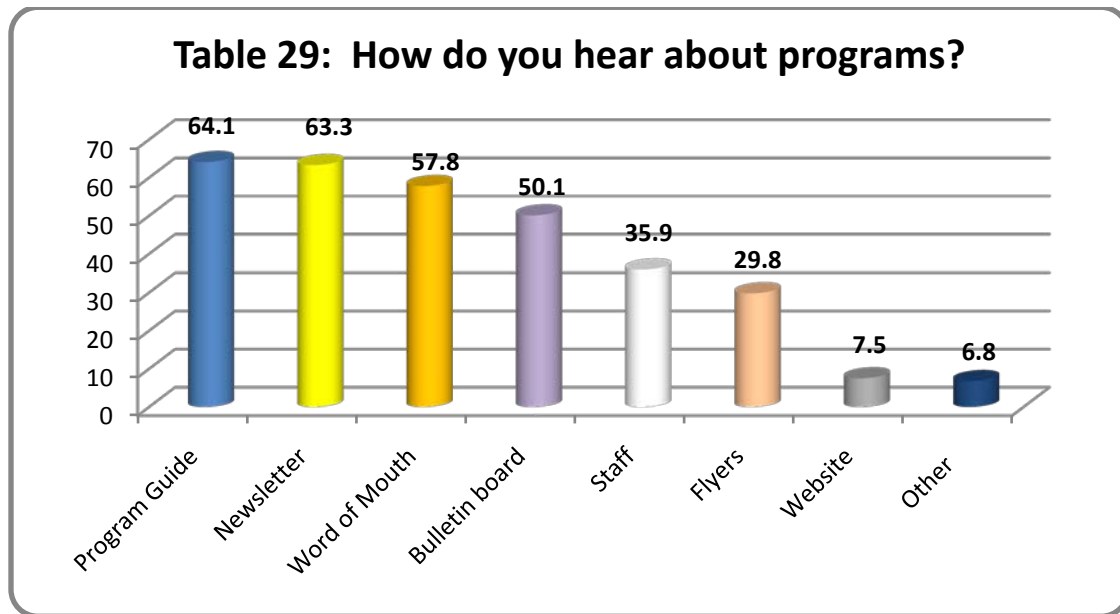


Unfortunately, primary healthcare providers (0.7%) are not a very effective marketing source despite their access to potential members. With an increasing focus on health promotion and preventative health strategies, older adult centres are a great resource in the community and primary healthcare providers are one of the most used resources by seniors. This would seem like an important strategy to look at for marketing within any older adult centre and for OACAO.

It is also interesting to note that the internet has less than a 1% impact in terms of marketing. Despite a decade worth of effort developing web sites and on-line resources, the impact from a marketing perspective is non-existent. There is some thought that this resource may expand as the “Boomers” continue to age.

## B. Marketing within an Older Adult Centre

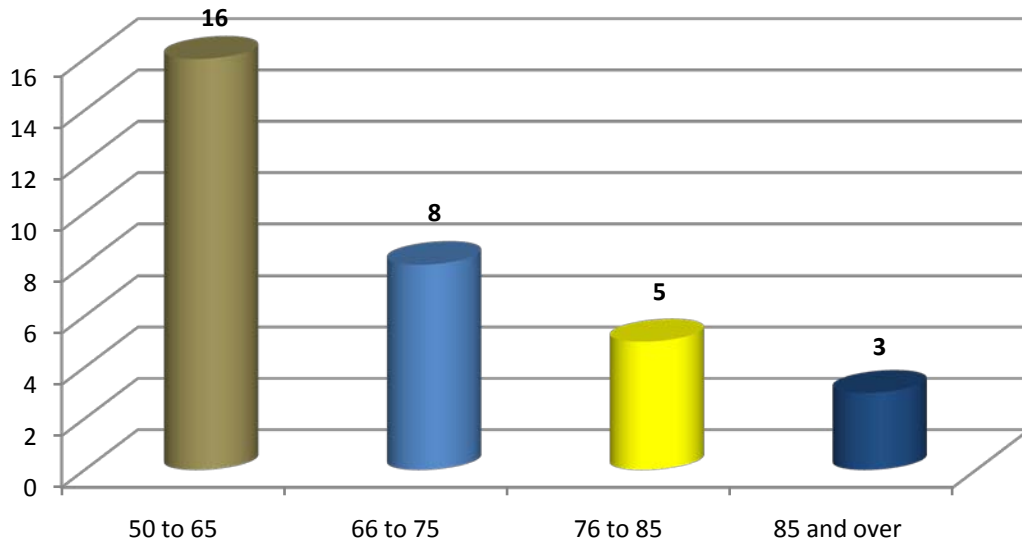
Marketing within an older adult centre is not much different from the marketing efforts to initially attract members. The two most successful methods are traditional printing approaches – Program Guide (64.1%) and Newsletter (63.3%) (See Table 28). However, word of mouth (57.8%) is also very strong as is staff promotion (35.9%). In very basic terms, marketing within an older adult centre focuses on buying a lot of paper and spreading the word informally.



Website marketing only accounts for 7.5% of the marketing within older adult centres. This most likely stems from the fact that many centres do not have dynamic websites that contain current program information. There are at least two centres in Ontario that have a website penetration for program marketing close to 20% and there are five centres with website penetration over 10%.

Age is an important factor when looking at website usage for marketing purposes. For example, the 50 to 65 year old age group have double to triple the occurrence as compared to older age groups (See Table 30). This would support the development of centre websites for future marketing opportunities as the level of participation by the “Baby Boomer” generation increases within the membership of older adult centre.

**Table 30: Website Usage by Age Category**





#### **Key Findings**

- More than 50% of members are active volunteers
- There are more than 20,000 volunteers involved in older adult centres in Ontario
- Volunteers contribute more than 1.6 million hours per year within centres
- There is a direct correlation between length of membership and volunteer involvement
- More than two thirds of the volunteers are active at least once per week and more than one third are active 2 or more times per week
- Volunteerism declines slightly with age
- More than 12% of the members are involved in governance activities
- More than 12% of the members are involved in program leadership
- More than 12% of the members are involved in cafeteria services
- More than 15% of the members are involved in administrative functions

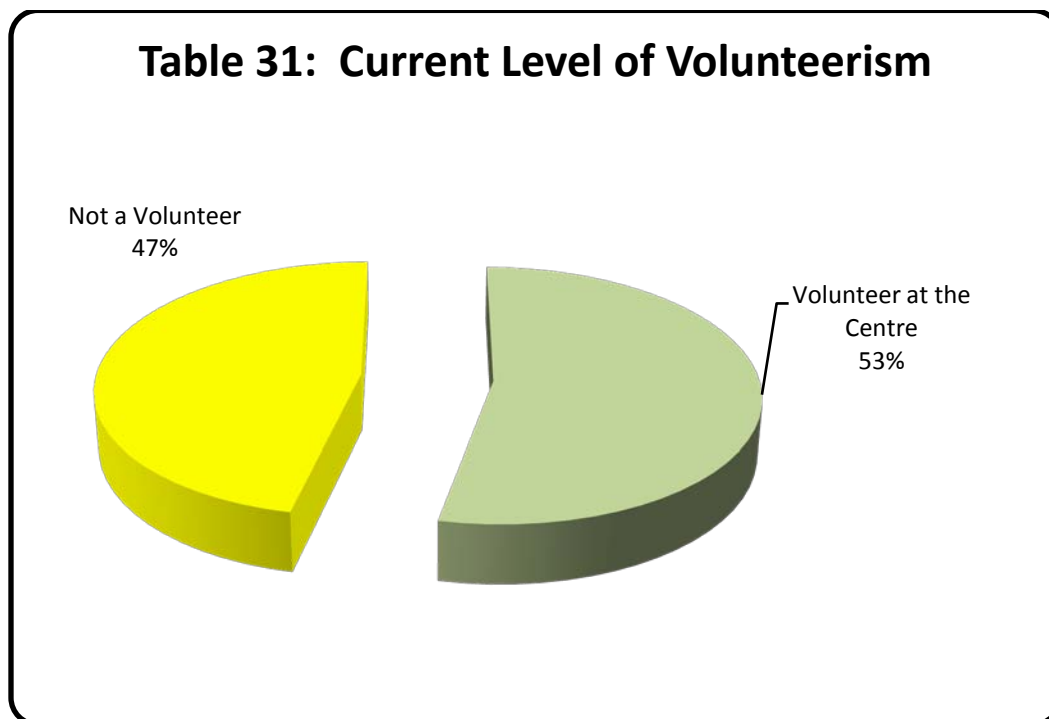
## **VOLUNTEERING WITHIN OLDER ADULT CENTRES** \_\_\_\_\_

## VI. VOLUNTEERING WITHIN OLDER ADULT CENTRES

It has long been an established fact that volunteers are the life force of older adult centres. In 2008, the Building Bridges to Tomorrow Project produced a report entitled “Profile of Older Adult Centres in Ontario”. This report contained an overview of many aspects of older adult centres including a study of volunteer activities. Key findings included<sup>7</sup>;

- There are 23,500 volunteers within older adult centres in Ontario
- Volunteers contribute more than 1.6 million hours per year
- Volunteer resources are equal to 880 full time employees
- Economic value of volunteerism in older adult centres is \$24 million

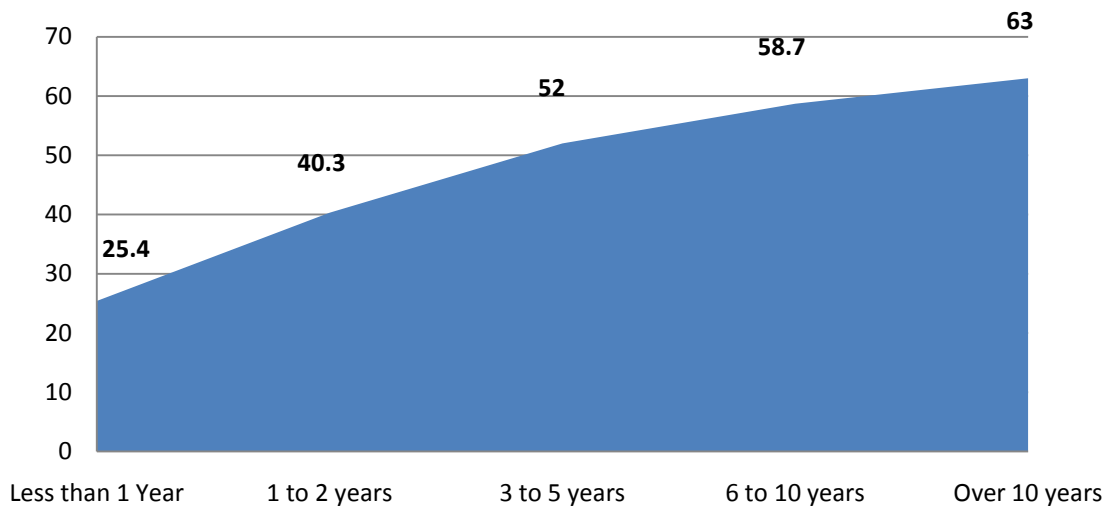
From the survey results, 53% of the members are active volunteers (See Table 31). This finding is quite a bit higher than the membership profile from 2008 which suggested that approximately 15% of the membership were active volunteers.



It is interesting to note that there is a direct correlation between length of membership and volunteer participation (See Table 32). For new members (less than 1 year), the participation level is only 25% while for 10 year members the participation level as a volunteer is over 60%.

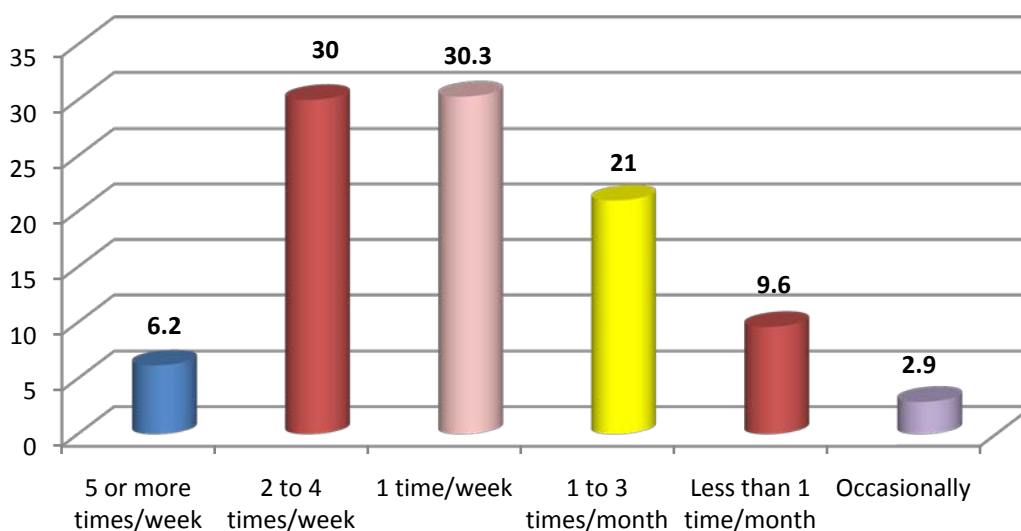
<sup>7</sup> Building Bridges to Tomorrow, OACAO, Profile of Older Adult Centres, 2008.

**Table 32: Volunteer Involvement based on Length of Membership**



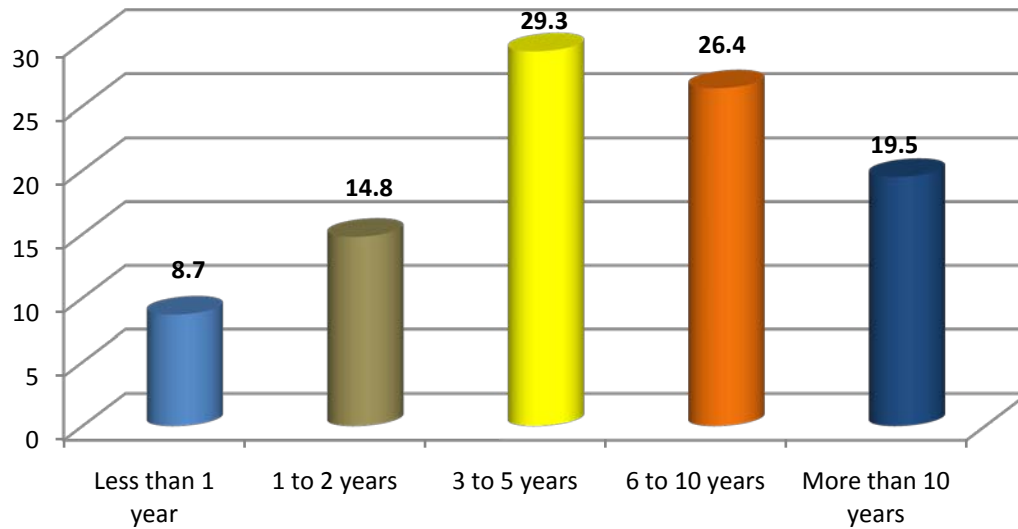
Volunteers are very committed to their volunteer roles within the centre with almost one third of the volunteers active 2 to 4 times per week (30%) and 30.3% being active at least once per week (See Table 33). Slightly more than 12% of the volunteers (12.5%) are only active on a transient basis. On a monthly basis, slightly more than 85% of the volunteers are active at the centre.

**Table 33: How often do you Volunteer?**



The longevity of volunteers within older adult centres parallels the longevity of membership within the centre. Almost 20% of the volunteers have been active for more than 10 years (19.5%) and 45.9% of the volunteers have been active for more than 5 years (See Table 34).

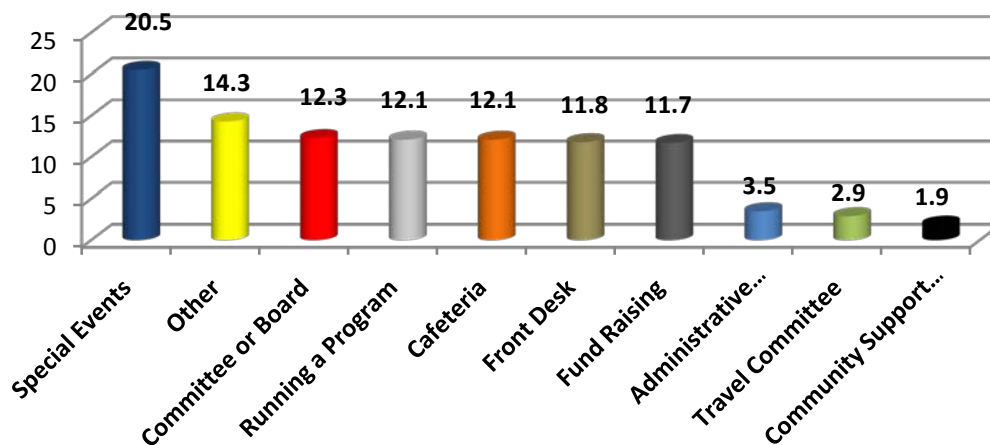
**Table 34: Length of Time as a Volunteer**



Age appears to have very little impact on volunteerism within older adult centres. The “Boomer” generation is little less active (48.2%) than the 66 to 75 year old age group (56.7%) and there is a slight decline in volunteerism over the age of 85 (47%). However, all of the participation levels are very impressive.

In terms of the type of volunteer work performed within older adult centres, there is a very diverse range. The leading volunteer role is special events (20.5%) followed by governance (12.3%), program leadership (12.1%), cafeteria work (12.1%), front desk (11.8%), and fund raising (11.7%) (See Table 35).

**Table 35: Type of Volunteer Work**







### **Key Findings**

- Special events and trips and travel are the most used programs within centres
- Fitness activities are used by more than one third of the members
- Educational classes are twice as popular as cards dispelling the myth that older adult centres are primarily “card clubs”
- Age has a major impact on program participation
- “Boomers” are more active in fitness and health type activities
- Members are very satisfied with leisure programs within centres and rate the services higher than 9 out of 10
- Almost one quarter of the members participate in health promotion programs
- Foot care is the most utilized health service
- Demand for weight loss programs and health promotion services are the two most requested new programs
- Less than 10% of the members receive any type of community support services
- Less than 5% of the members receive any type of in-home services
- Slightly more than 15% of older adult centres offer a full basket of community support services
- More than one third of older adult centres are involved in providing day programs, congregate dining or transportation

## **PROGRAM PARTICIPATION: WHAT ARE MEMBERS**

## **DOING AT OLDER ADULT CENTRES \_\_\_\_\_**

## VII. PROGRAM PARTICIPATION: WHAT ARE MEMBERS DOING AT OLDER ADULT CENTRES

Every older adult centre is very different in terms of the community that it serves and in terms of the programs and services that it offers to that community. Each centre is also very different from the perspective of infrastructure and available resources which can have a large impact on the programs and services that are offered. In many respects, there is a twist on a common saying that captures the essence of older adult centres across Ontario “when you have seen one older adult centre, you have seen one older adult centre”.

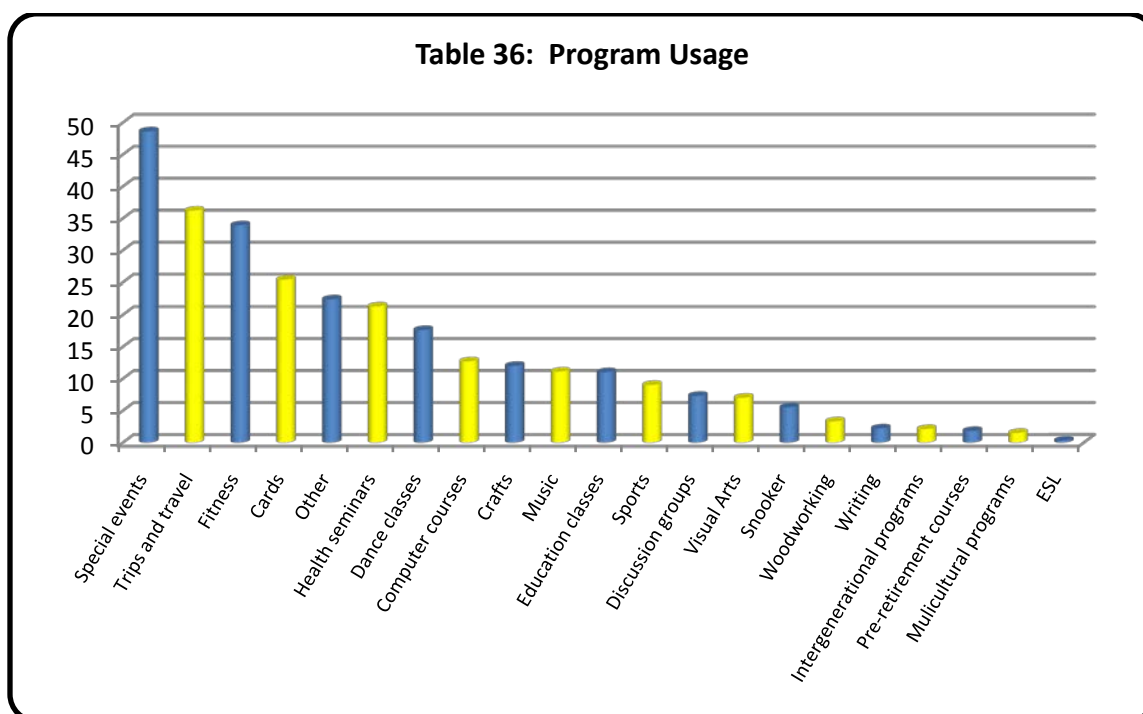
This section, we will examine the following three programming areas within older adult centres;

1. Leisure Programs
2. Health Services
3. Community Support Services

### A. Leisure Programs

#### 1. Participation Levels

There is a wide variety of programs offered within older adult centres across Ontario and the results indicate a fairly diverse range of interests (See Table 36). Occasional activities such as, Special events (48.6%) and trips and travel (36.2%) were the most popular activities. From regular programs and classes, fitness (33.9%) was the top activity followed by cards (25.4%), health seminars (21.3%), dance classes (17.3%), computer courses (12.7%) and crafts (12%).



When the programs are grouped into similar categories, the data presents a clearer view of the participation patterns by members within older adult centres (See Table 37). The largest category is special activities (33%) followed by educational classes (22%), fitness (16%), games/cards (12%), performing arts (11%) and crafts (6%).

Perhaps one of the long held stereo types about older adult centres was that they provided a place to play cards or do craft activities. However, this data dispels this myth and demonstrates that educational classes within older adult centres are more popular than cards and crafts combined. Fitness activities were also much higher than either cards or crafts on an individual basis.

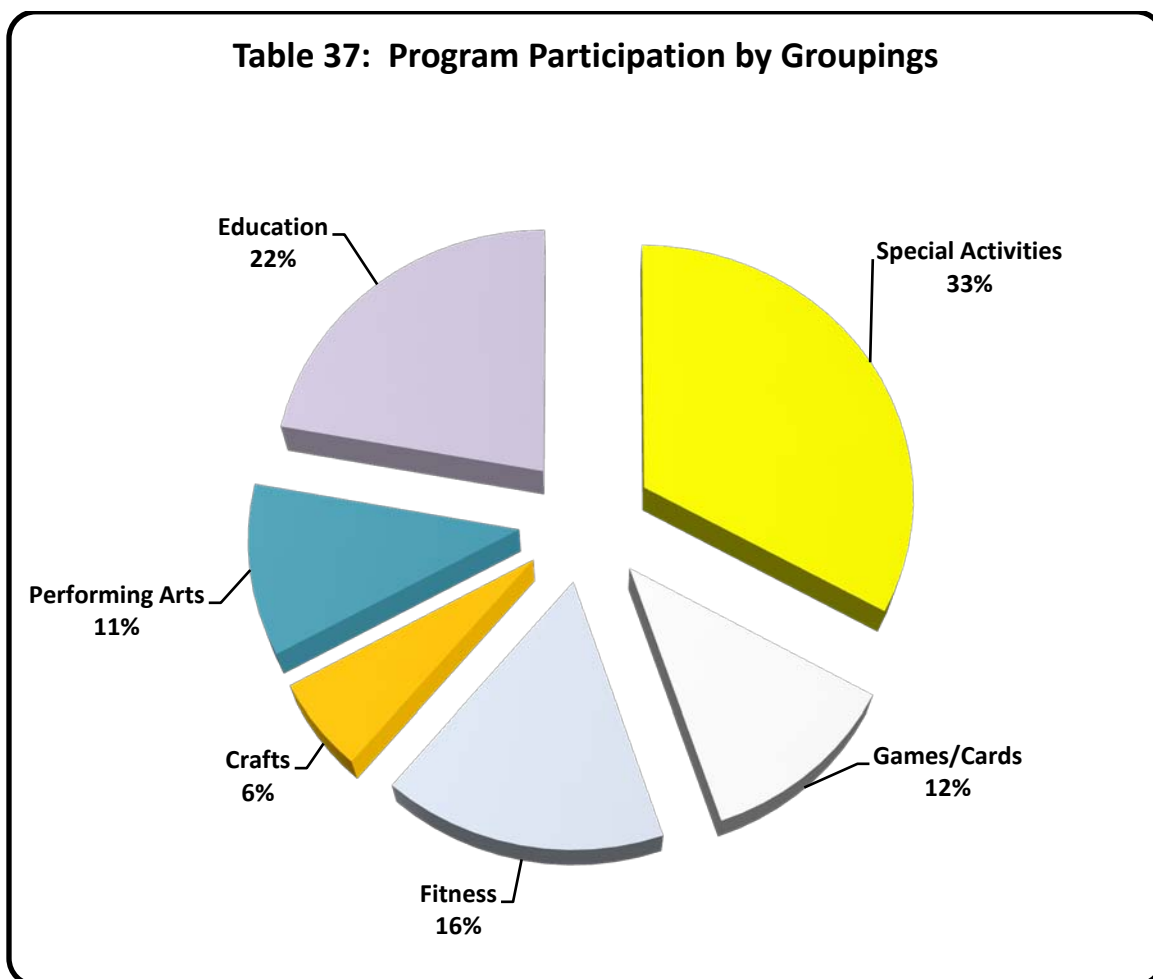
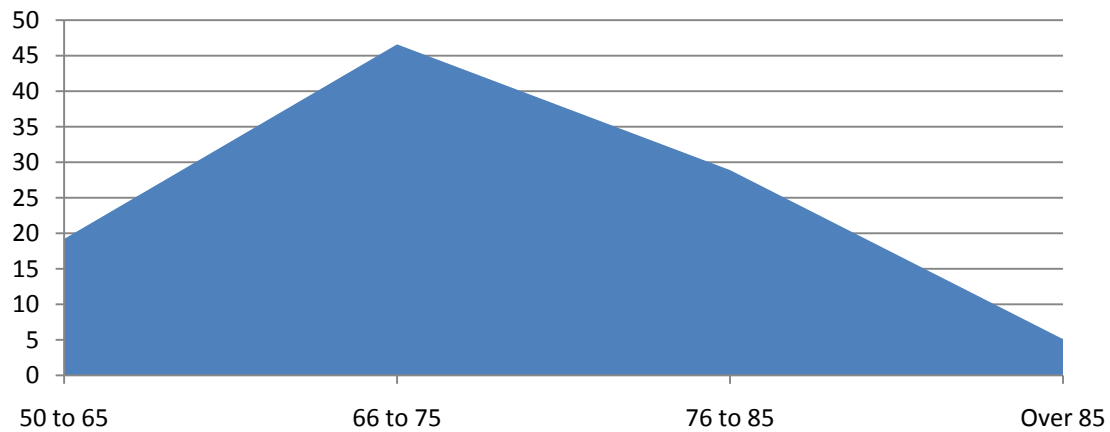
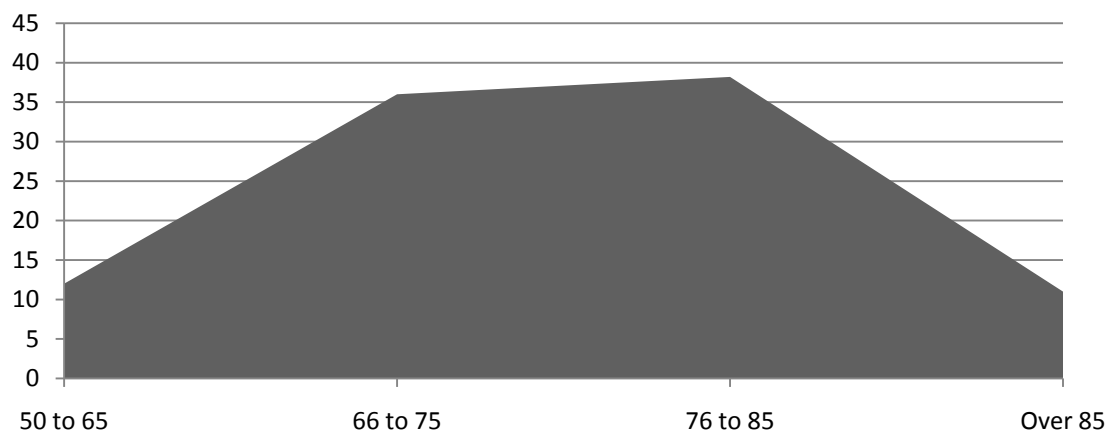


Table 38 to Table 43 provide an age pyramid for selected programs. This data demonstrates some of the variances that exist between the different age groups in terms of participation in certain activities. For example, the pyramid for fitness shows a fairly young population while the pyramid for cards shows a much older population. This might suggest that in the future, cards may be declining as a core program within older adult centres and the demand for fitness activities might be increasing. This data also suggests that the “Baby Boomer” group does not participate in trips and travel programs as much as the other age categories.

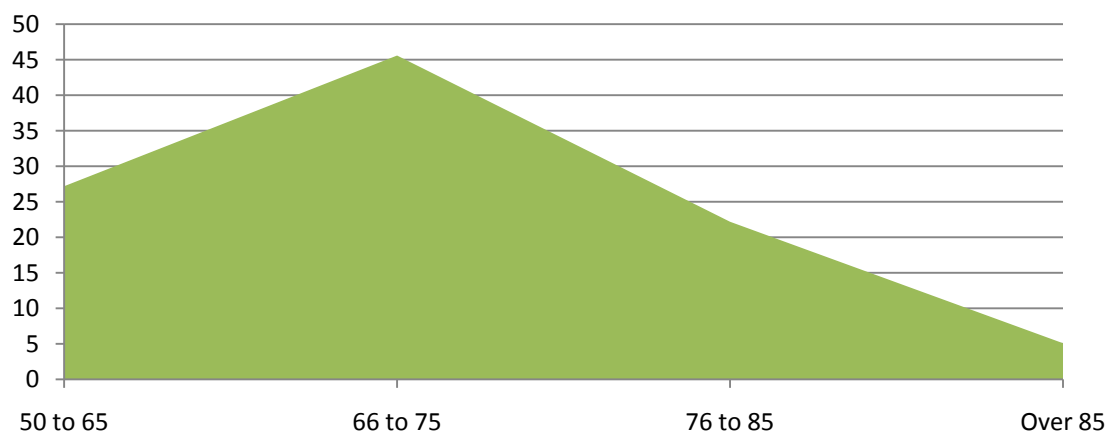
**Table 38: Fitness by Age Category**



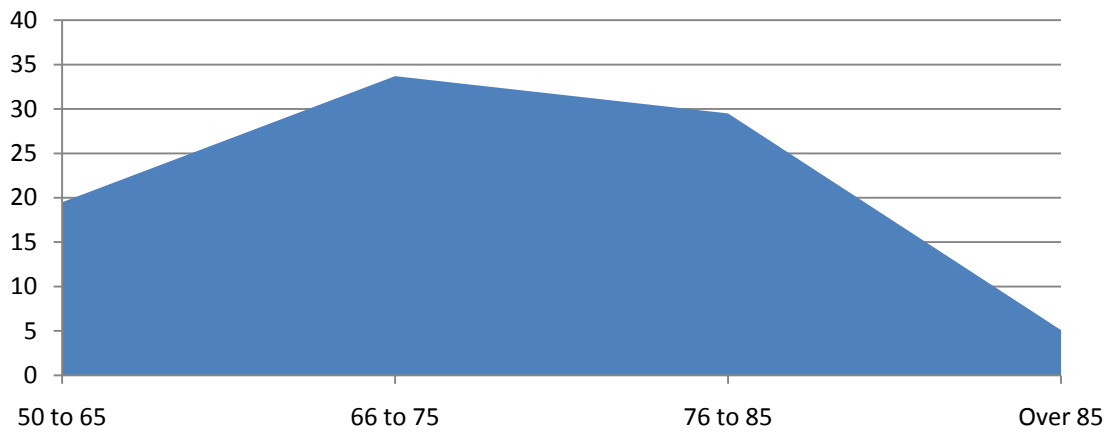
**Table 39: Cards by Age Category**



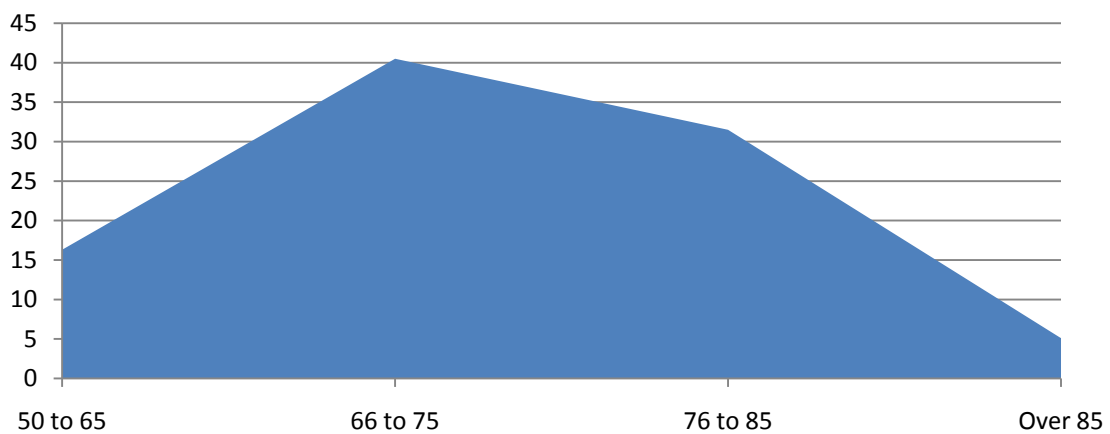
**Table 40: Visual Arts by Age Category**



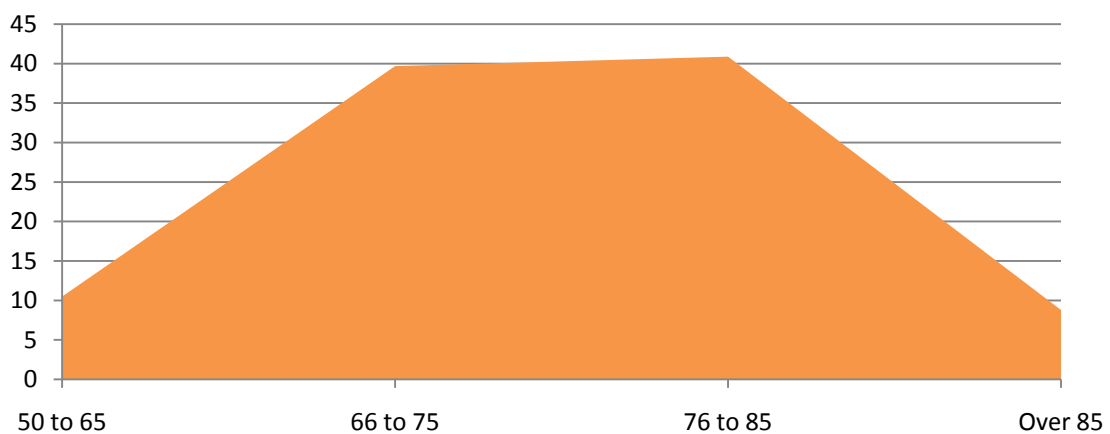
**Table 41: Crafts by Age Category**



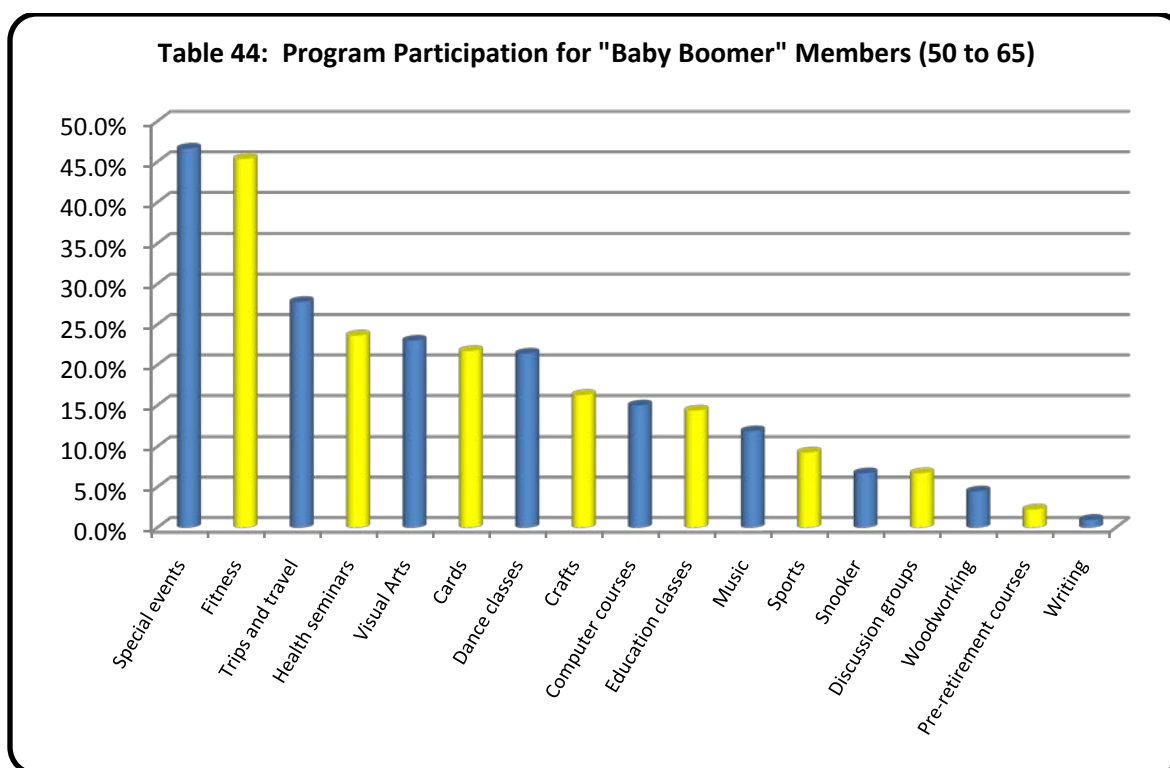
**Table 42: Computers by Age Category**



**Table 43: Trips by Age Category**



One of the challenges for older adult centres in recent years is to determine the program demands of the “Boomer” generation. Table 44 provides a summary of the programs that are most popular with this age group. Though there are many similarities to the overall participation data, there are some specific differences for this age group. For example, fitness programs are very popular with a participation level 12% higher than the overall survey. The visual arts programs are also 16% higher than the average for the overall survey. Cards were one of the most noticeable activities to decline in terms of participation for the younger population.



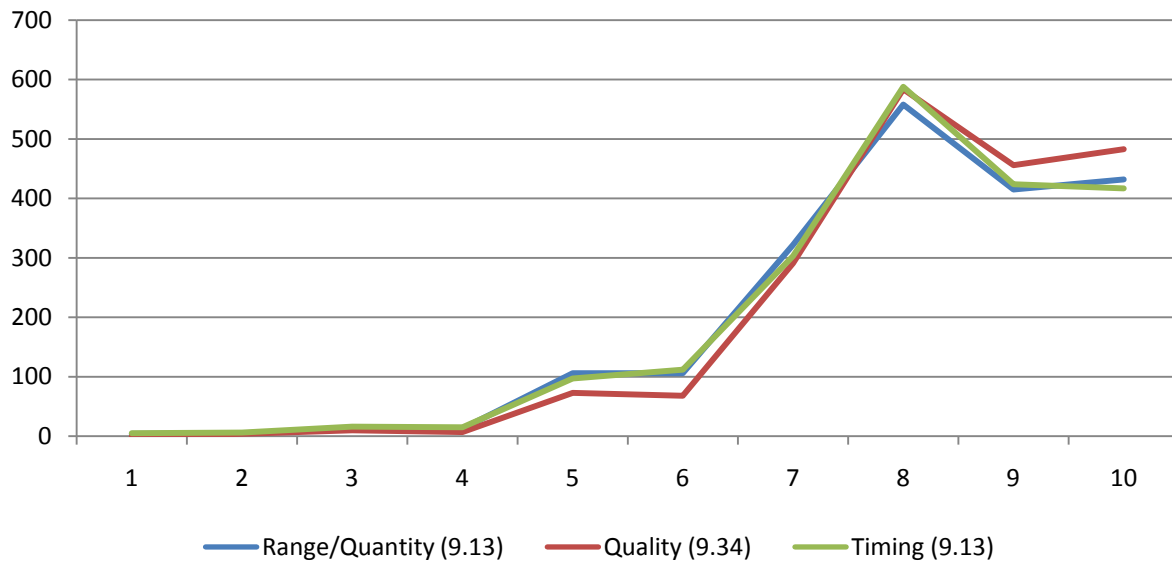
## 2. Satisfaction with Leisure Programs

There were three main areas that were rated in terms of the satisfaction with leisure programs;

1. Range or Quantity of Programs
2. Quality of Programs
3. Timing of Programs

In all three areas, older adult centres were rated extremely high by their members (See Table 45). In fact, the mean for each category was well over 9 out of 10 suggesting very high satisfaction. Any organization would be delighted to have ratings as high as these results.

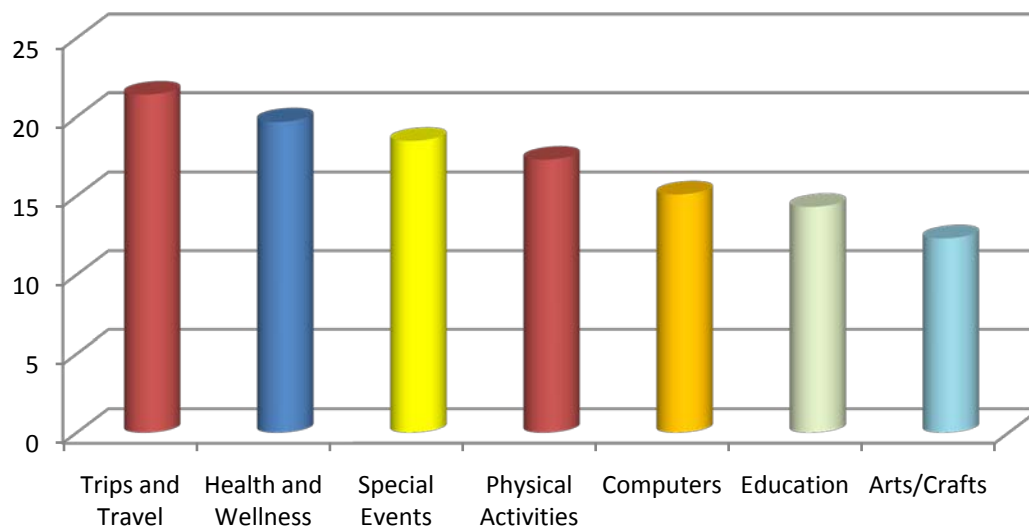
**Table 45: Satisfaction with Leisure Programs**



### 3. Demand for New Programs

The demand for new programs was fairly evenly distributed across all of the program areas (See Table 46). One emerging trend seems to be the increased demand for health and wellness programs and physical activities and the lower demand for arts and crafts.

**Table 46: Demand for New Programs**



## B. Health Services

### 1. Participation Levels

Older adult centres have developed beyond their basic mandate of providing leisure or social programs to include a major focus on providing health services. From the survey results, it is apparent that this focus is having an impact on what members of older adult centres are doing within their local older adult centre (See Table 47). Though some of the penetration numbers are low, it should be remembered that not all older adult centres provide health services so this would impact on the results. Health promotion (21%) is the most used service followed by foot care (12%), public health nurse (6%) and hearing clinic (4%).

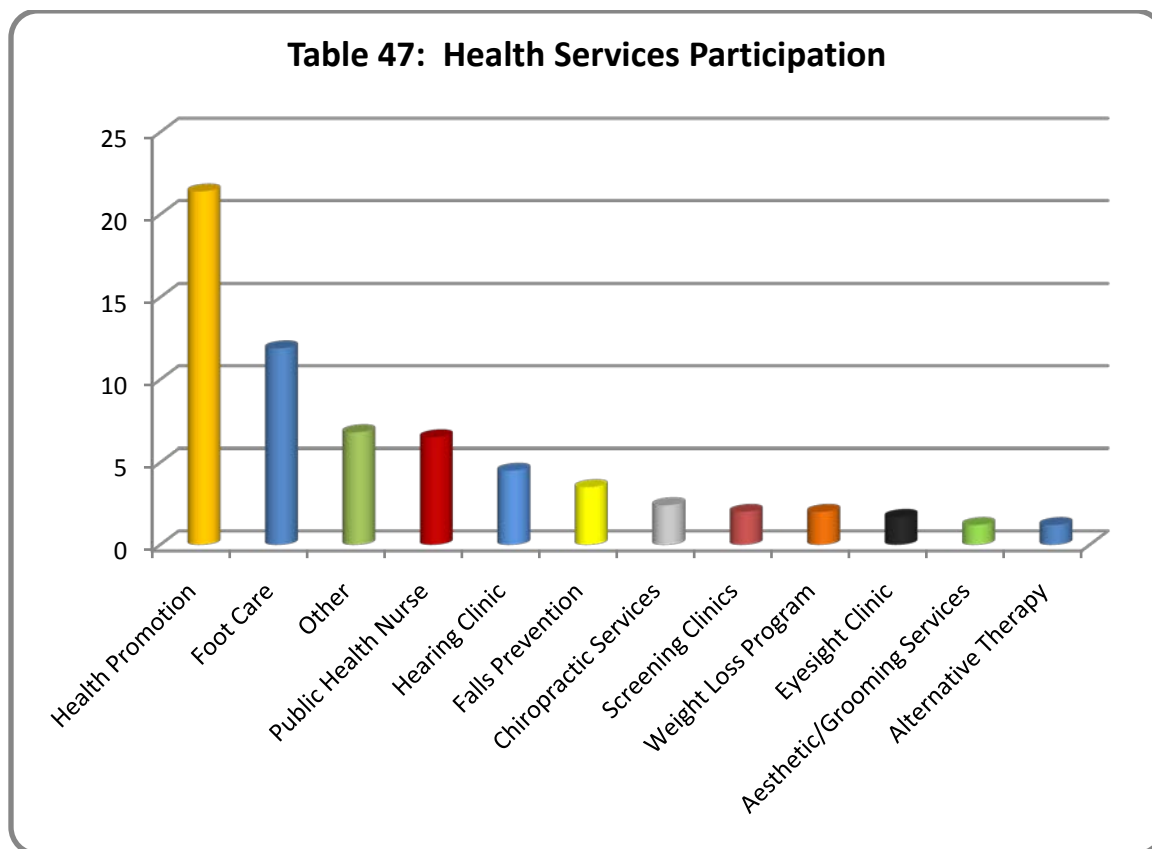
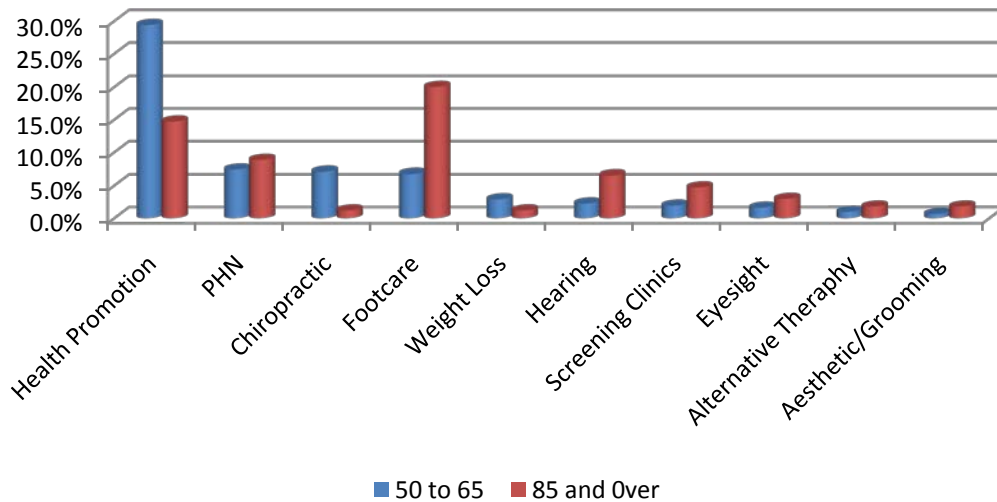


Table 48 provides a comparison between the “Boomer” age group and the 85 and over age group. While there do not appear to be many differences between the two age categories, the “Boomer” age group does show a much higher interest in health promotion programs, chiropractic services and weight loss programs while the 85 and over age group showed a much higher demand for foot care, hearing, vision and other screening clinics.



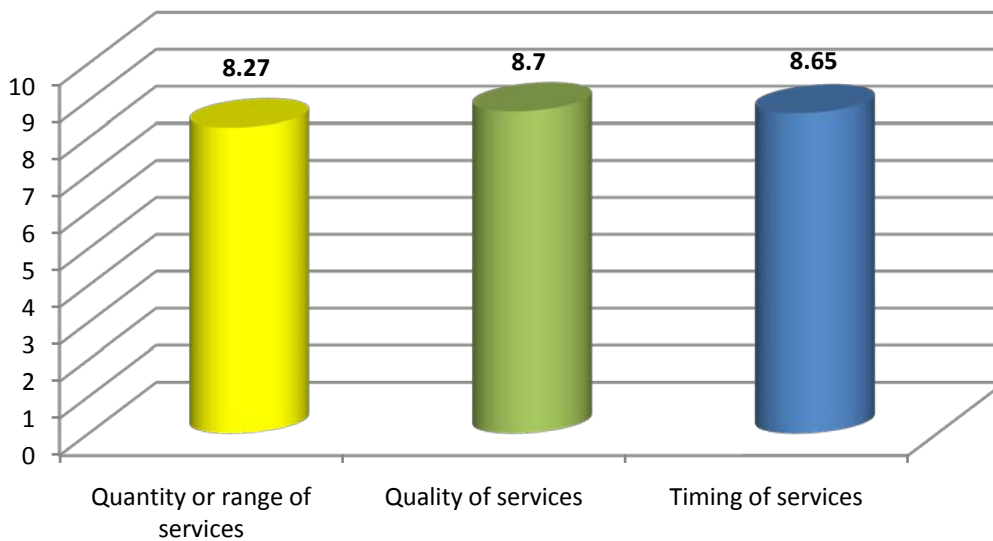
**Table 48: Health Service Usage - "Boomers" vs. 85 and Over**



## 2. Satisfaction with Health Services

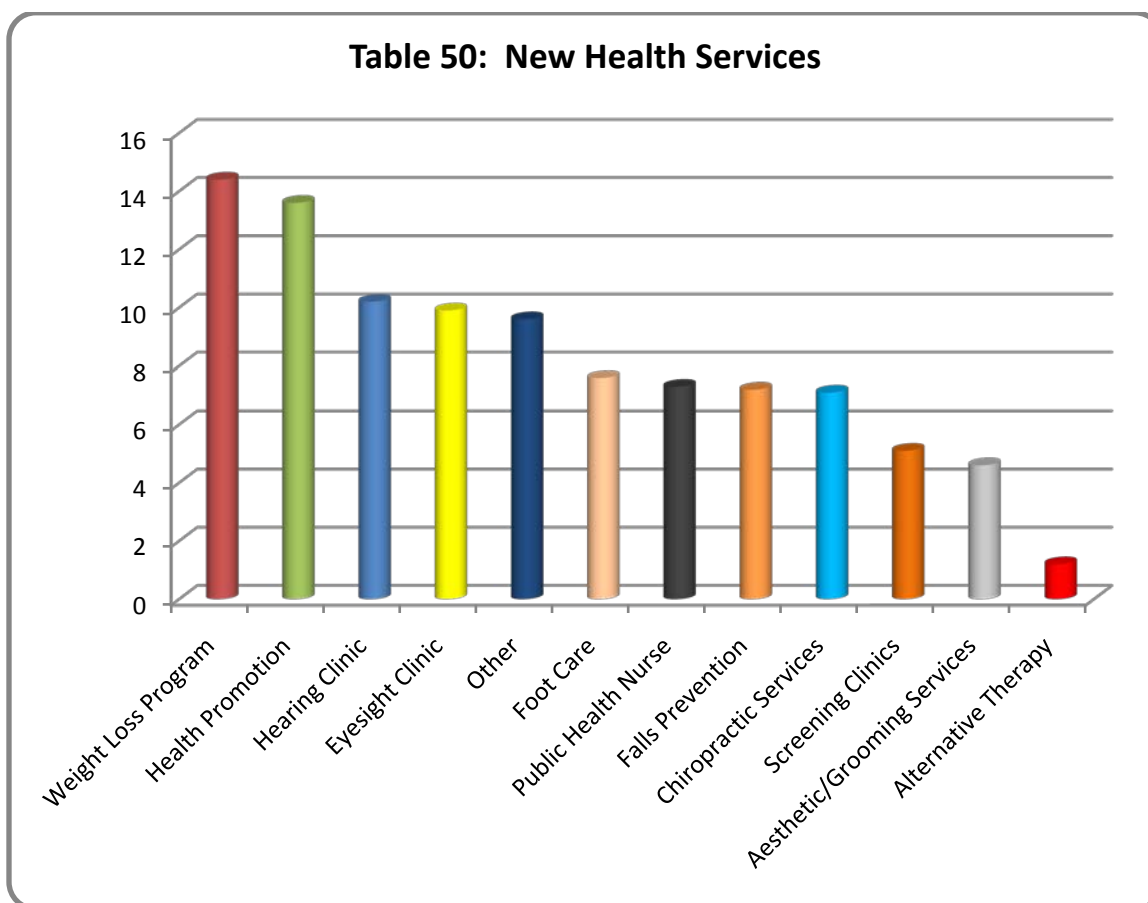
Overall, members of older adult centres are very satisfied with the health services offered at their centre (See Table 49). The quantity or range of services, quality of services and timing of services were all rated more than 8 out of 10. While the satisfaction levels were not quite as high as the overall satisfaction levels for the leisure programs, the ratings were still very impressive.

**Table 49: Rating of Health Services**



### 3. Demand for New Health Services

The demand for new health services indicates a preference for healthy living type services as opposed to direct service clinics (See Table 50). Weight loss programs and health promotion were the two top service interests followed by hearing and eye sight clinics and foot care services.



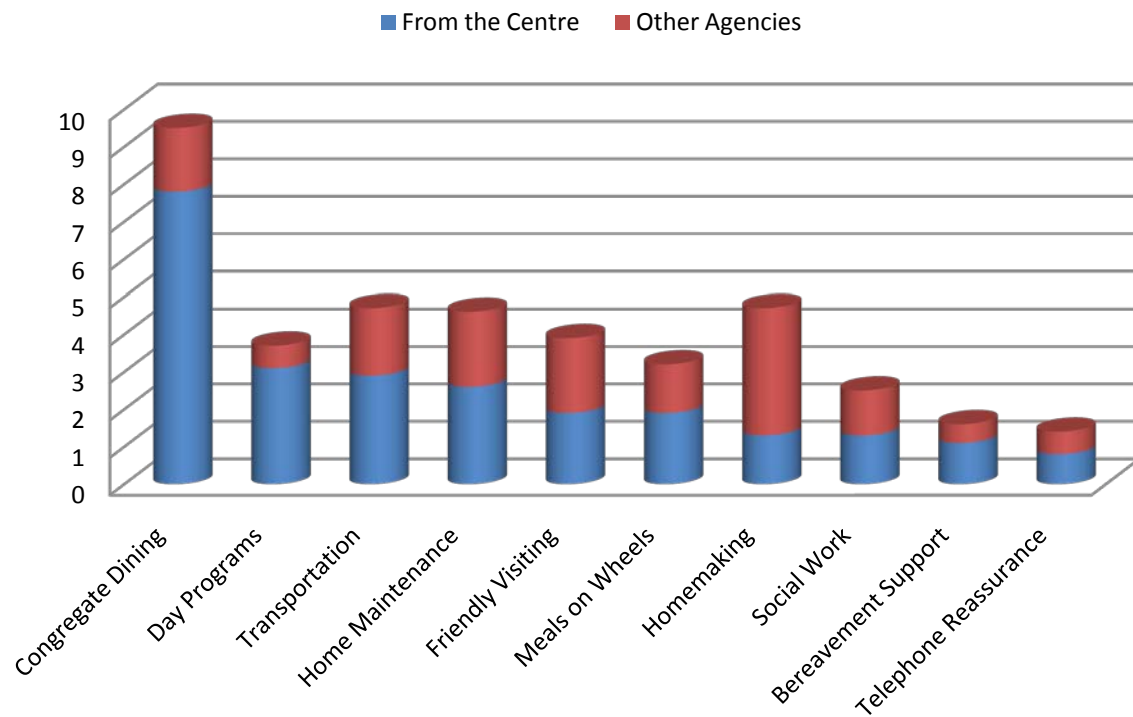
## C. Community Services

### 1. Participation in Community Services

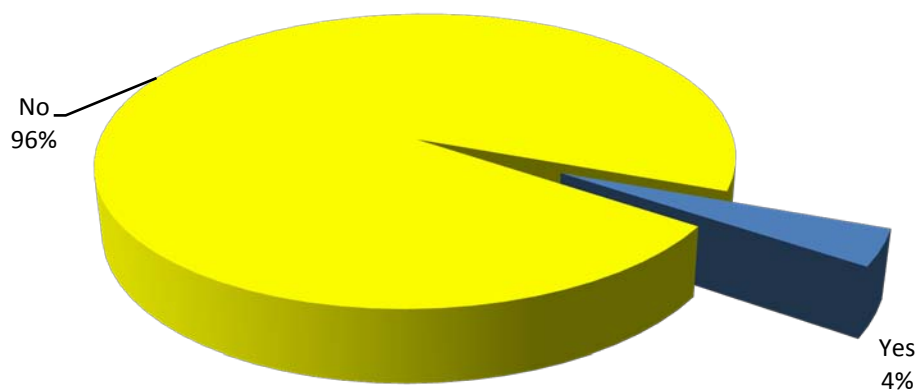
For members of older adult centres there appears to be very little use of community support services either through the centre or from other community agencies (See Table 51). The highest penetration level is slightly more than 9% (congregate dining) while all of the other services are less than 5%. In addition to this, only 4% of the members receive community services from other community support service agencies (See Table 52).

This data would suggest that members of older adult centres are very independent in terms of lifestyle and daily living. Low usage of the more intensive support services would support this including; homemaking services (4.2%), meals on wheels (3.8%) and home maintenance (4.1%). It also suggests that participation in an older adult centre can reduce dependencies on other healthcare services.

**Table 51: Community Services Utilization**

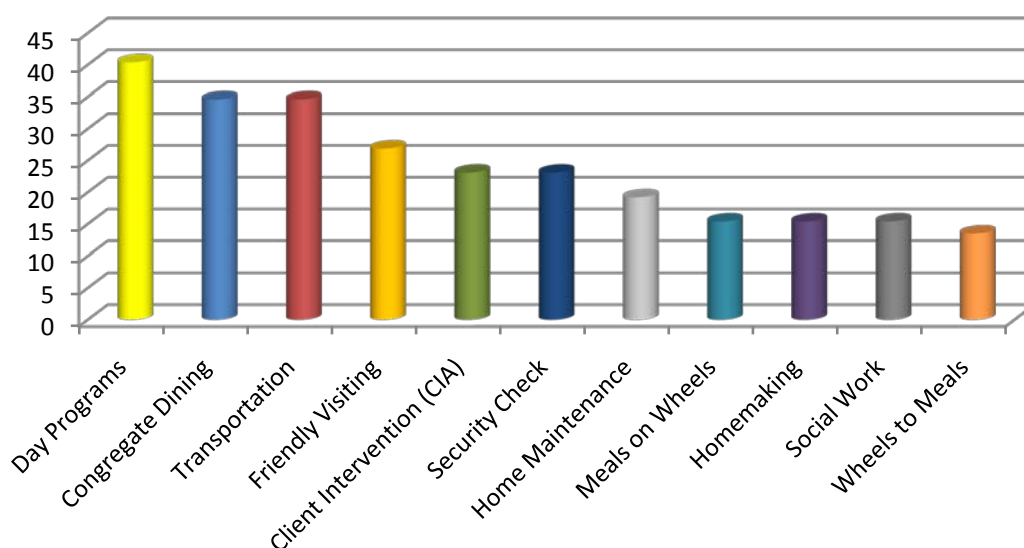


**Table 52: Receive Community Services from other Agencies**



In terms of community support services, there are only a small number of older adult centres providing the full basket of community support services (15.4%) though there are specific services that are more prevalent in centres such as, adult day programs (40.4%), transportation (34.6%) and friendly visiting (26.9%). It would appear that even though many community support services in Ontario began in the early 1980's through older adult centres, most of these services are now provided by other organizations and have only a fringe relationship with centres in most cases (See Table 53).<sup>8</sup>

**Table 53: Community Support Services offered in Older Adult Centres**



<sup>8</sup> Building Bridges to Tomorrow Project, OACAO, Profile of Older Adult Centres, 2008.



#### **Key Findings**

- The average cost per member of operating a centre is \$344 per year
- The average member contributes \$92.00 per year in membership and program fees
- Older adult centres are viewed as very affordable by members
- Only 2% of the members stated that membership fees are too expensive
- Only 7% of the members stated that programs fees are too expensive
- One quarter of the members suggested that trips are too expensive
- Overall satisfaction with the centre was very high
- Infrastructure areas were rated the lowest including parking, space for programs, building signage and climate control
- Staff and volunteers were rated very highly (over 9 out of 10)

## **MEMBER SATISFACTION WITH OLDER ADULT CENTRES \_\_\_\_\_**

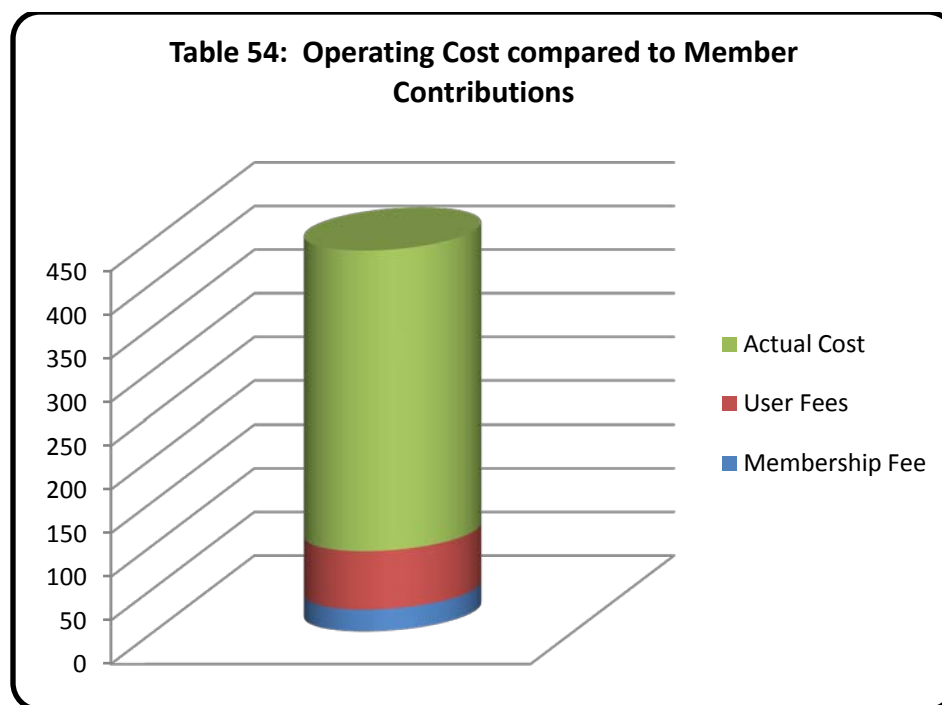
## VIII. Member Satisfaction with Older Adult Centres

One of the important components with any successful business or organization is the level of satisfaction from its clients or users. As was demonstrated in the Program Participation section, members of older adult centres are very satisfied with the programs and services offered through centres. In fact, this level of satisfaction is extremely high and very few organizations enjoy this type of relationship with their clients. However, an older adult centre is more than the programs and services that it provides and there are a number of other factors that should be looked at in terms of member satisfaction including;

- Satisfaction with Membership and Program Fees
- Satisfaction with Infrastructure
- Satisfaction with Staff and Volunteers
- Satisfaction with having a voice in the centre

### A. Affordability of Programs and Services

Programs and services within older adult centres have traditionally been well subsidized by other forms of revenue such as, government grants and fund raising activities. While there is great variation in the annual cost per member, the average cost per member of operating an older adult centre is \$344.74 per year while the average member contributes \$92.00 per year or 26% through membership and user fees (See Table 54)<sup>9</sup>.

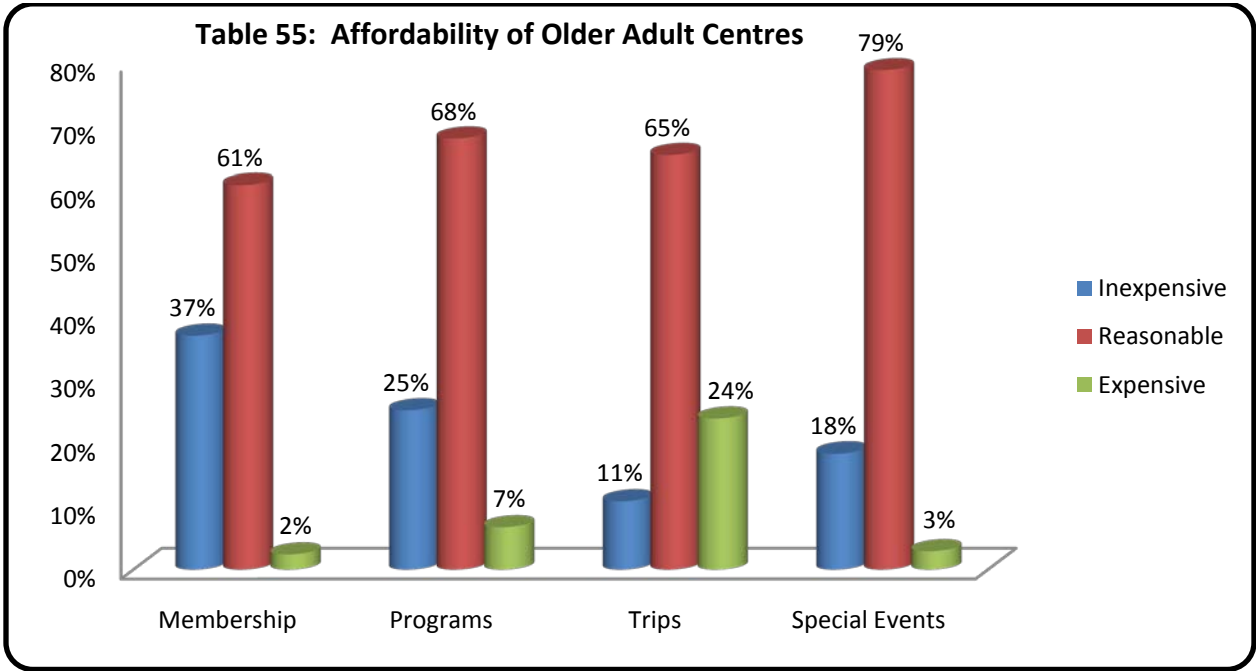


<sup>9</sup> Building Bridges to Tomorrow Project, OACAO, Profile of Older Adult Centres, 2008.

Within this study, there were four main areas that we examined in terms of affordability including;

- Membership Fees
- Program Fees
- Trips
- Special Events

Overall, there were no concerns generated from the affordability satisfaction data within older adult centres (See Table 55). In fact, in many cases the members were suggesting that perhaps the membership fees (37%) and program fees (25%) were inexpensive. On the other end of the spectrum, trips were the only area that was deemed to be expensive by a quarter of the members.



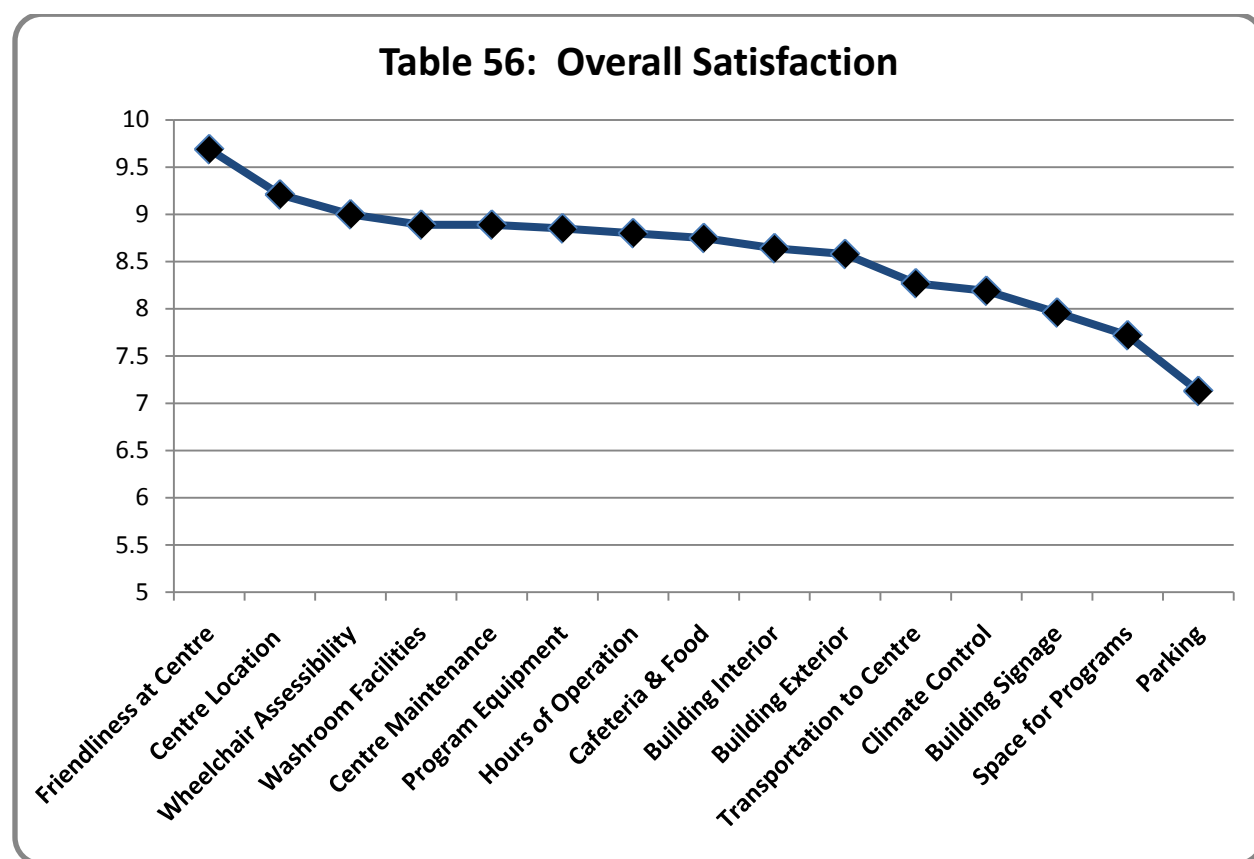
From a regional perspective, there was not a great deal of variation in terms of the satisfaction or affordability within older adult centres. It is worth noting that North Region members felt the strongest that the membership fees were inexpensive (72.7%) – which is almost double the provincial average. The Central Region members felt that trips were too expensive more than other regions (37.5%). It is also worth noting that for all four indicators it was the rural members who felt most strongly that older adult centres were inexpensive.

The results for individual centres were quite varied in terms of the results. For example, two of the centres from the North Region strongly felt that membership fees were very inexpensive (Thunder Bay – 74.6% and Ear Falls – 66.7%) and East York members were almost unanimous that membership fees were inexpensive (95.7%). On the other side, members from the City of Barrie had the highest portion of members who felt membership fees were too expensive (17.3%). While this result does not seem too high, the provincial average is only 2.4%.

In terms of program fees, members from Windsor felt the strongest that fees were inexpensive (62.2%) while members from the City of Barrie felt that program fees were too expensive (20.8%). A similar situation existed for special events where Windsor members felt the strongest that special events were inexpensive (35.7%) and City of Barrie members felt fees were too expensive (12.0%). For trips, Windsor members felt that fees were inexpensive (32.4%) while Whitby members (72.9%) and City of Barrie members (39.6%) felt that fees were too expensive.

## B. Older Adult Centre Infrastructure

Based on most criteria, the members of older adult centres are very satisfied with the centre that they belong to. Perhaps, the one area where this is less true is seen in examining the infrastructure of the centre (See Table 56). The range of responses suggests that there are some areas in older adult centres that could be improved. The lowest ranked criteria is parking (7.2%) followed by space for programs (7.8%), signage (8.0%) and climate control (8.2%). On the other end of the spectrum, friendliness was rated highest (9.7%) followed by centre location (9.2%) and wheelchair accessibility (9.0%).



There were not many region variances within these rating for the most part. However, parking did seem to be a greater issue among the metropolitan centres (6/10) and suburban centres (6.9/10) as compared to rural centres (9/10). Satisfaction with transportation seemed to be less in rural (6.2/10) and exurban (6.8/10) communities as opposed to suburban (8.9/10) and urban (9.1/10) communities.



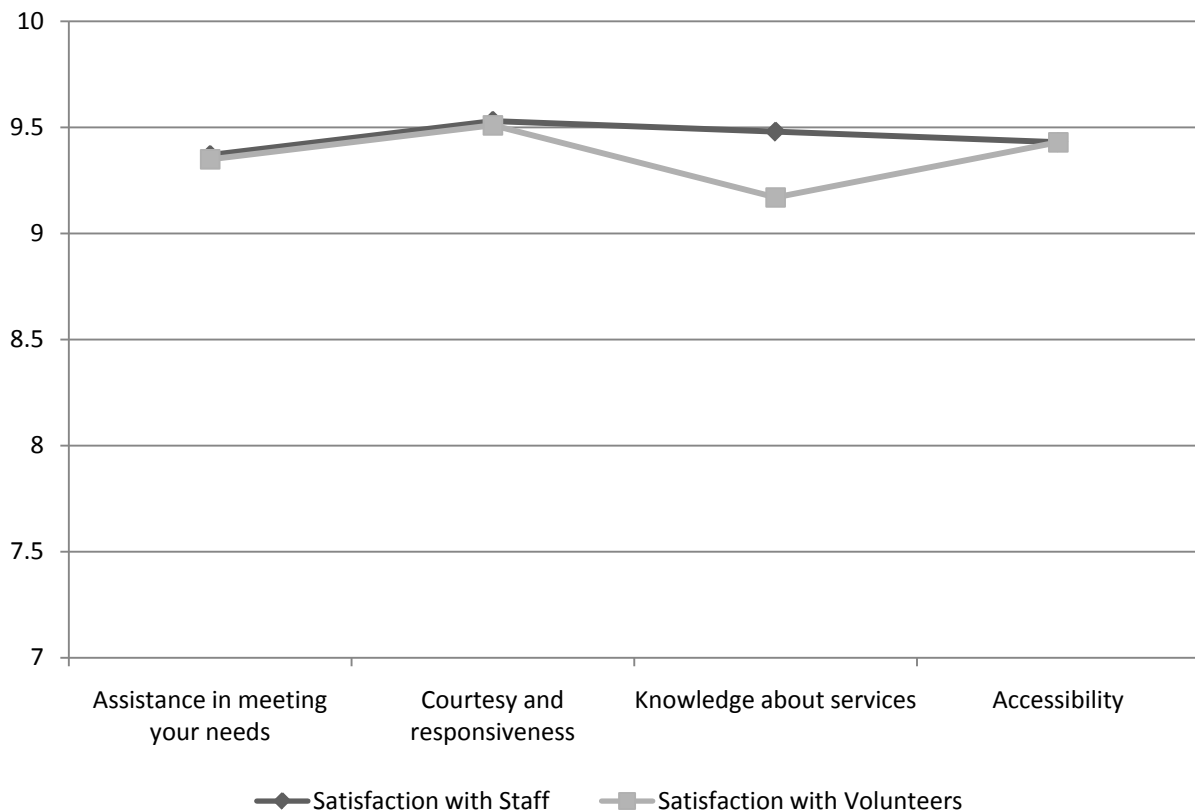
### C. Staff and Volunteers

There were four main criteria used to rate staff and volunteers including;

1. Assisting in Meeting Needs
2. Courtesy and responsiveness
3. Knowledge about services
4. Accessibility

Satisfaction with staff and volunteers is very high within older adult centres with overall rating for all four criteria well above 9 out of 10. The ratings for staff and volunteers were virtually identical with the exception of knowledge about services which was scored slightly higher for staff.

**Table 57: Satisfaction with Staff and Volunteers**



The survey also asked members to rate how well they felt their concerns are heard and acted upon by the centre. For this criteria, the rating was a bit lower with an overall rank of 7.8/10. While this is still a very solid result, it does indicate that there is some room for improvement.



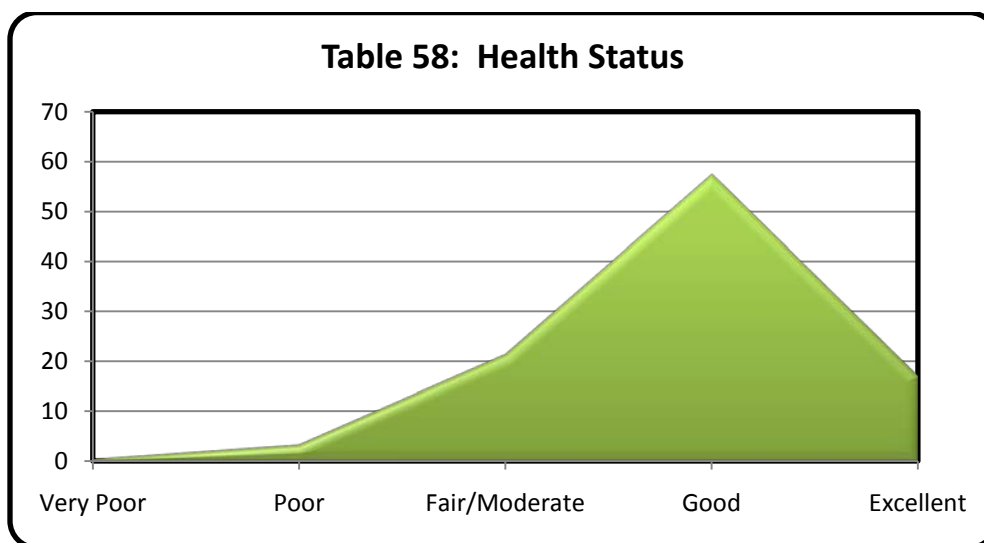
#### **Key Findings**

- The health status of members is very good
- Three quarters of members are in good or excellent health
- Less than 5% suggested that their health was poor
- Health status declines with age
- Over 50% of members thought that their physical activity was only moderate
- Less than 10% of members had a high physical activity level
- Over half of members felt that the centre increased their knowledge about health and healthy living
- Arthritis and high blood pressure were the two major medical conditions experienced by members
- More than 10% of the members had diabetes or heart disease
- All medical conditions with the exception of diabetes increased with age
- 55% of members felt that their medical conditions had an impact on maintaining an active lifestyle
- Half of the members felt that the centre had a positive impact on managing their medical conditions

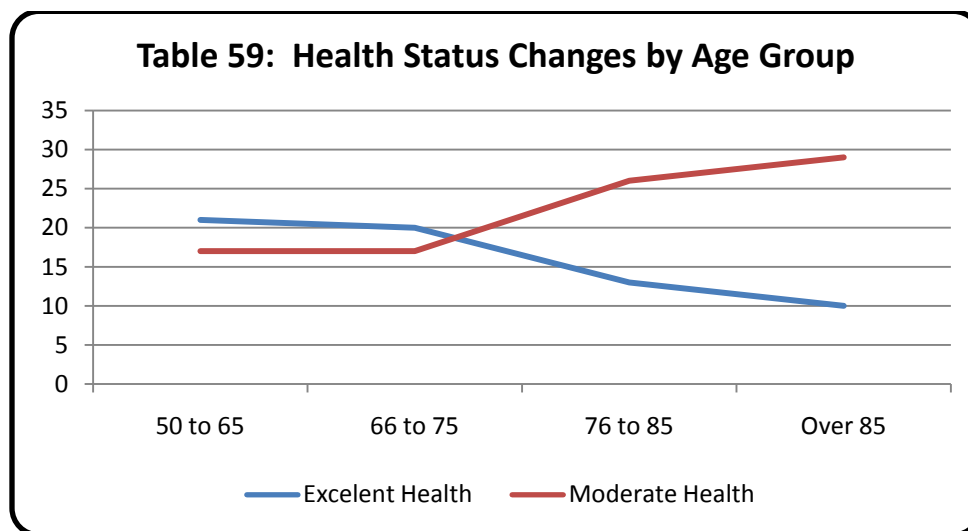
## **HEALTH STATUS OF MEMBERS OF OLDER ADULT CENTRES** \_\_\_\_\_

## IX. Health Status of Member of Older Adult Centres

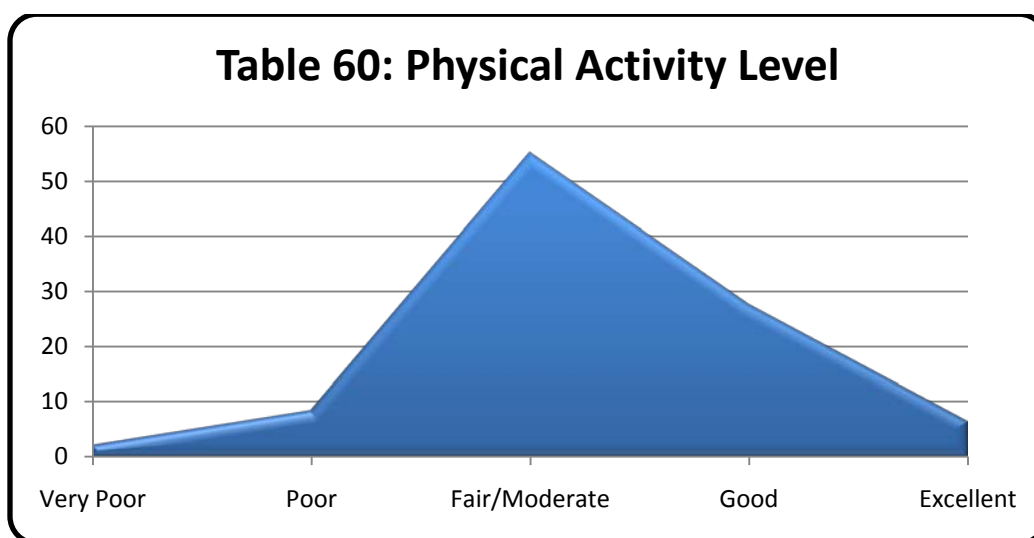
Overall, the members of older adult centres appear to be fairly healthy. The health status rating for members indicated that three quarters of the members were in good or excellent health (See Table 58). Slightly more than 20% of the members (21.5%) thought their health was only moderate while less than 4% felt their health status was poor (3.5%).



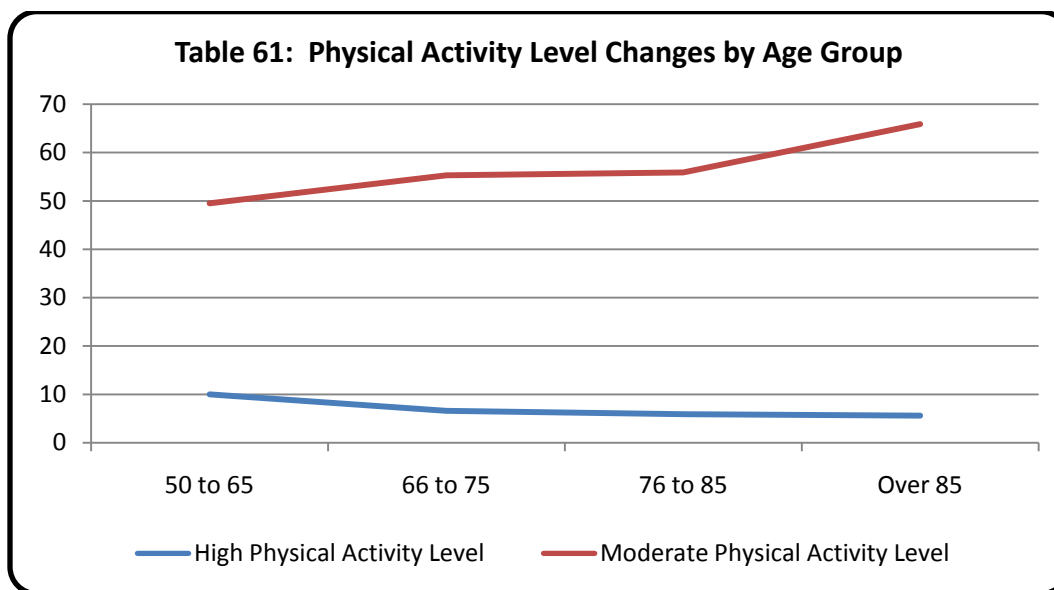
The data also suggests that there is a very strong correlation between age and health status (See Table 59). The age of members reporting that they were in excellent health declined from 21% for the 50 to 65 year old age group to 10% for the 85 and over age group. Conversely, the age of members reporting that they had a moderate health status increased from 17% for the 50 to 65 year old age group to 29% for the 85 and over age group. The data suggests that members tend to stay very healthy to about 75 years of age and after that point there is a noticeable decline in health status.



Member of older adult centres tend to be only moderately active in terms of physical activity (See Table 60). Slightly more than half of the respondents (55%) indicated that their physical activity level was only moderate while one third did have a physical activity level that was good or high.

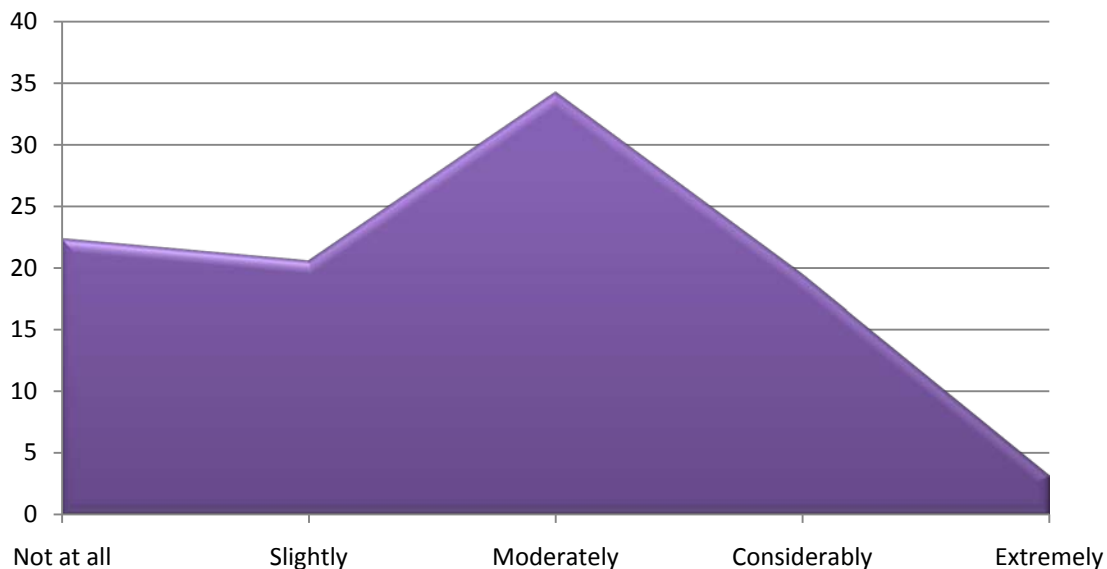


Similar to health status, age does have an impact on physical activity levels. For individuals with high activity levels, this rating declines from 10% for the 50 to 65 year old age group to 5.6% for the 85 and over age group. For individuals with moderate physical activity levels, this rate increases from 50% for the 50 to 65 year old age group to 66% for the 85 and over age group.



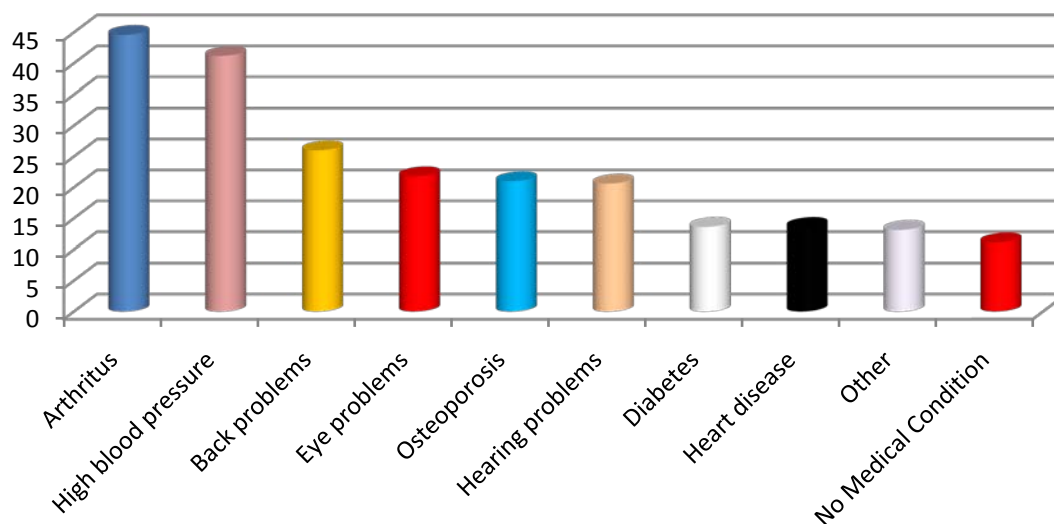
Members of older adult centres supported the notion that the centre increases their knowledge about health and healthy living (See Table 62). Almost one quarter (22.5%) of the members felt that the centre increased their knowledge considerably or extremely in terms of health illnesses and healthy living. More than one third of the members also felt that the centre impacted on their knowledge level of fitness and health at least moderately (34.3%).

**Table 62: Increased Knowledge about Health and Healthy Living**

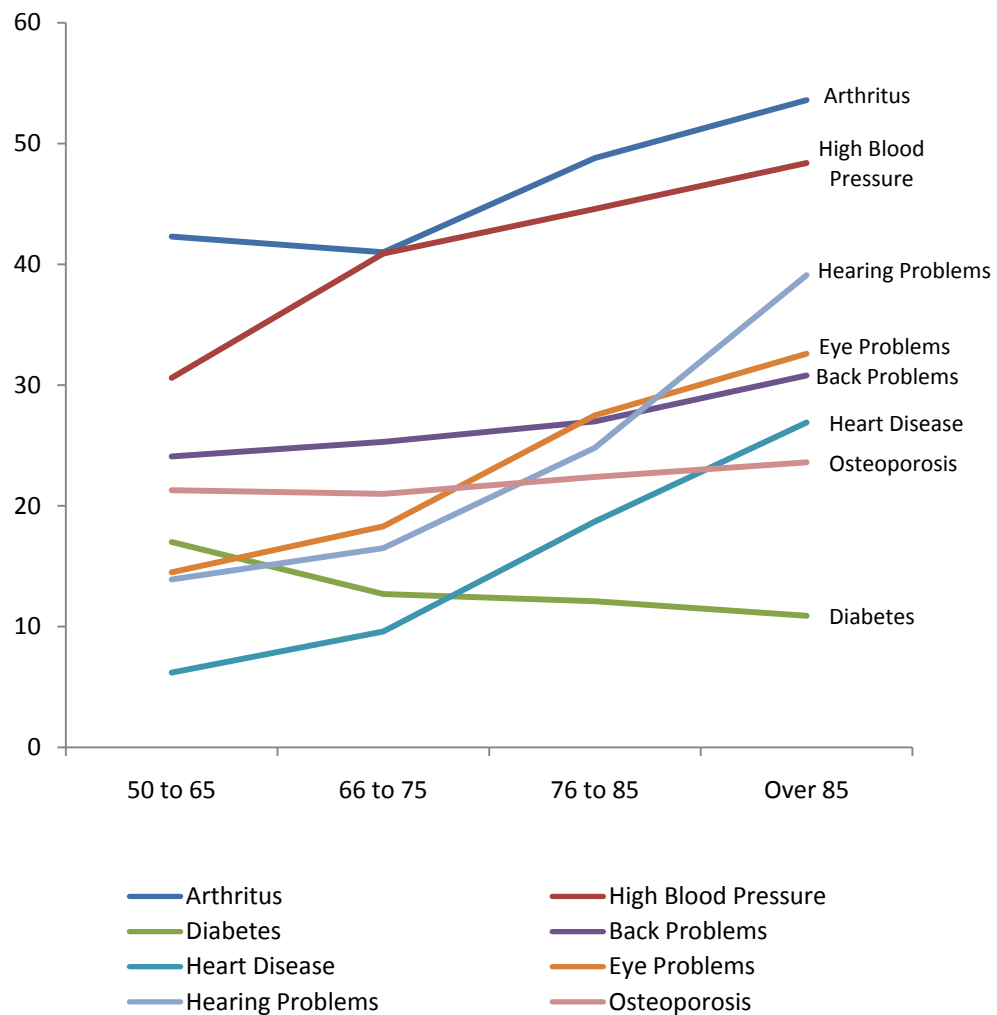


In terms of medical conditions among members of older adult centres, arthritis (44.6%) was the highest condition, followed by high blood pressure (41.2%), back problems (26.0%), eye problems (21.8%) and osteoporosis (20.6%) (See Table 63). Two major conditions within the healthcare sector were rated fairly low among members of centres; diabetes (13.6%) and heart disease (13.6%). More than 10% of the respondents (11.1%) stated that they did not have any health conditions.

**Table 63: Medical Conditions**

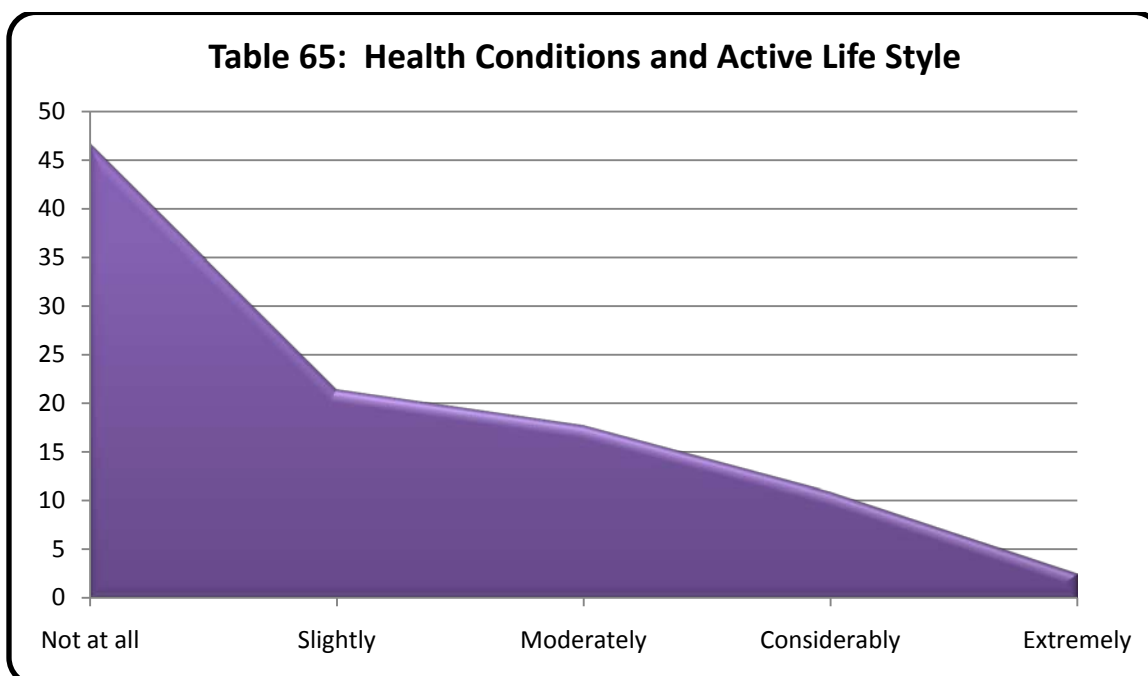


**Table 64: Medical Conditions for Older Adult Centre Members by Age**

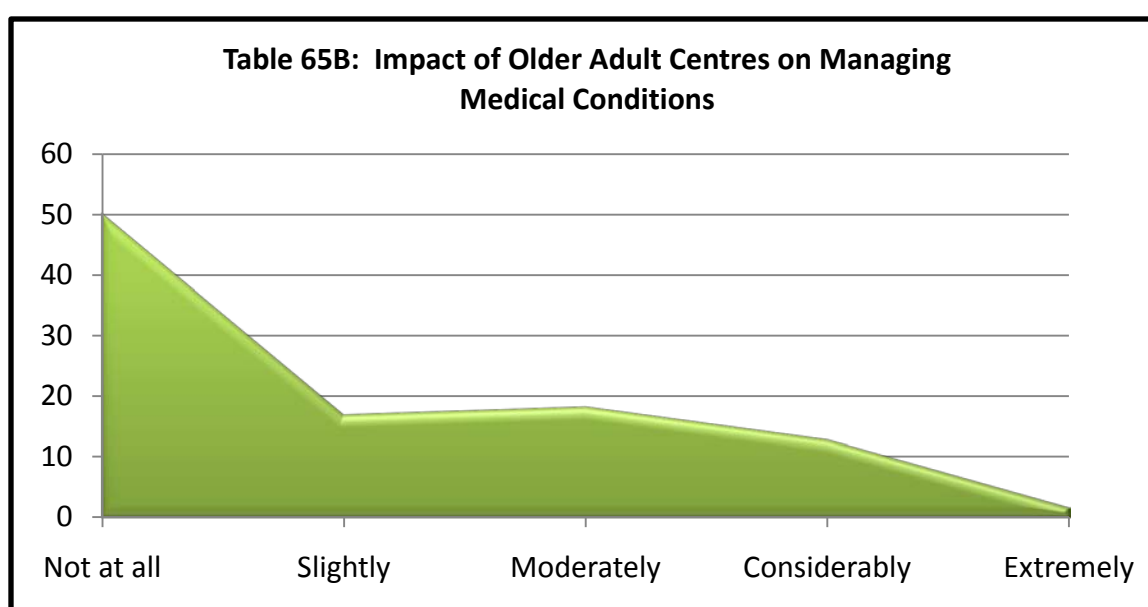


There is a definite correlation between health conditions and age in almost every case (See Table 64). With the exception of diabetes, all of the health conditions increase with age. For the “Boomer” group, the existence of health conditions is fairly low with the exception of arthritis (42.3%) and high blood pressure (30.6%). However, these factors all increase with age and the most prevalent group is the 85 and over group. In some cases, the increase of health conditions with age is fairly slight. For example, high blood pressure only increases by 17.8% between the 50 to 65 year old age group and the 85 and over age group. Arthritis (+11.3%), back problems (+6.7%) and osteoporosis (+2.3%) also had small increases with age. On the other hand, hearing problems increase drastically by age (+25.8%) as does heart disease (+20.7%).

The majority of the respondents did not feel that their medical condition greatly impeded their ability to take part in leisure activities (See Table 65). Almost half of the respondents indicated that their medical condition was not an issue in remaining active while only 14% of the respondents felt that their medical condition had an extreme impact on having an active lifestyle.



The majority of the members also claim that the centre they belong to has helped them manage their medical condition (See Table 65B). Half of the members claim that the centre has helped them manage their medical condition (50%) while 16% have stated that the Centre has either considerably or extremely helped manage their medical condition.





#### Key Findings

- Members tend to be motivated most by social needs such as, friendships
- Physiological needs are also very strong among members including staying physically fit and remaining independent
- Motivations tend to be greater among females with the exception of the need to have responsibilities and a position of status which was found to be higher among males
- Sense of accomplishment and social interaction were rated the highest quality of life indicators from participation at a centre
- Overall wellness and knowledge and skills were the lowest rated quality of life indicators
- With the exception of social needs, there exists a great variance between motivations and outcomes in the areas of physiological, safety, esteem and self-actualization indicators

## MOTIVATION AND MEMBERS OF OLDER ADULT CENTRES \_\_\_\_\_



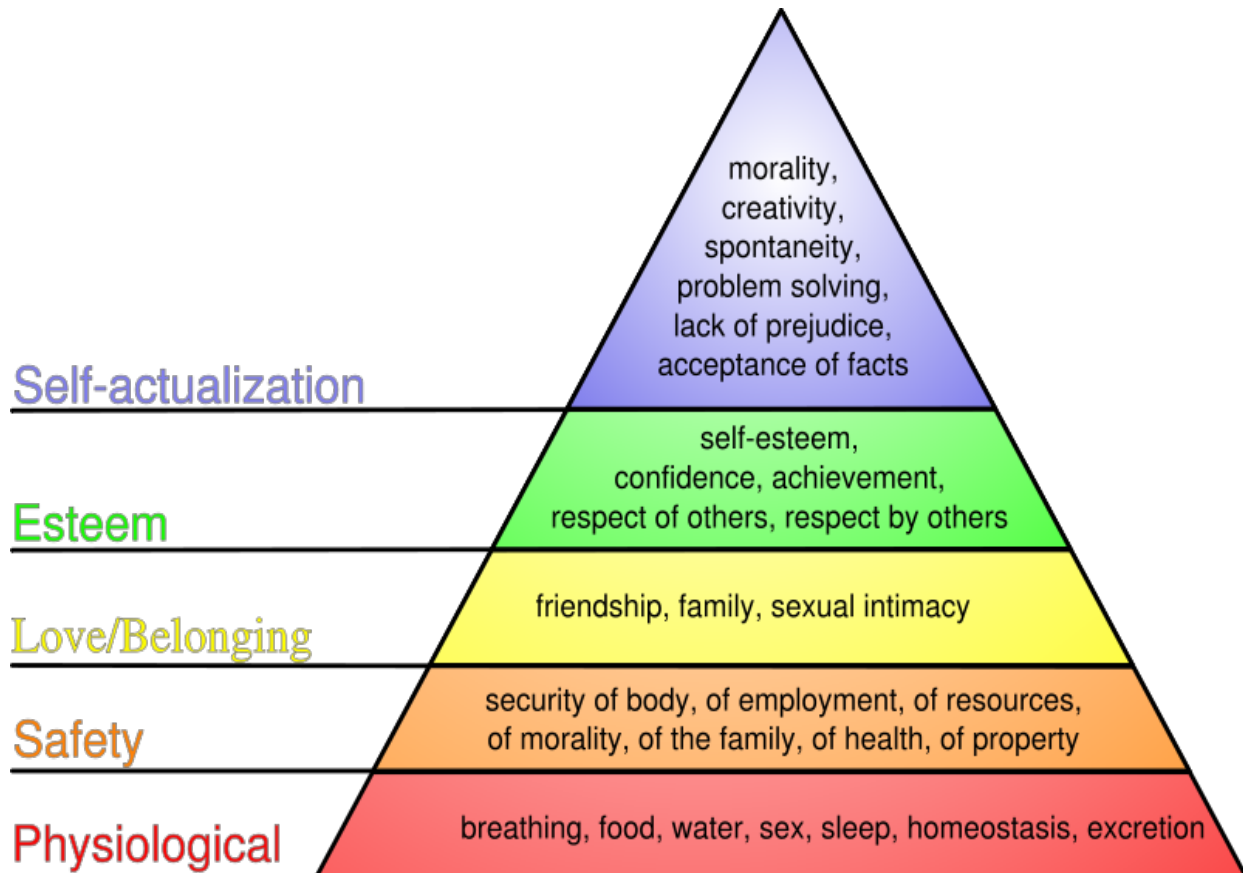
## X. Motivation and Members of Older Adult Centres

One of the interesting elements of older adult centres is that only a small portion of the senior population in any community actually belongs to the centre. By understanding what motivates seniors to belong to a centre can be valuable in planning for the future of centres and also anticipating the impact and usage patterns that the “Boomers” might have over the next 30 years.

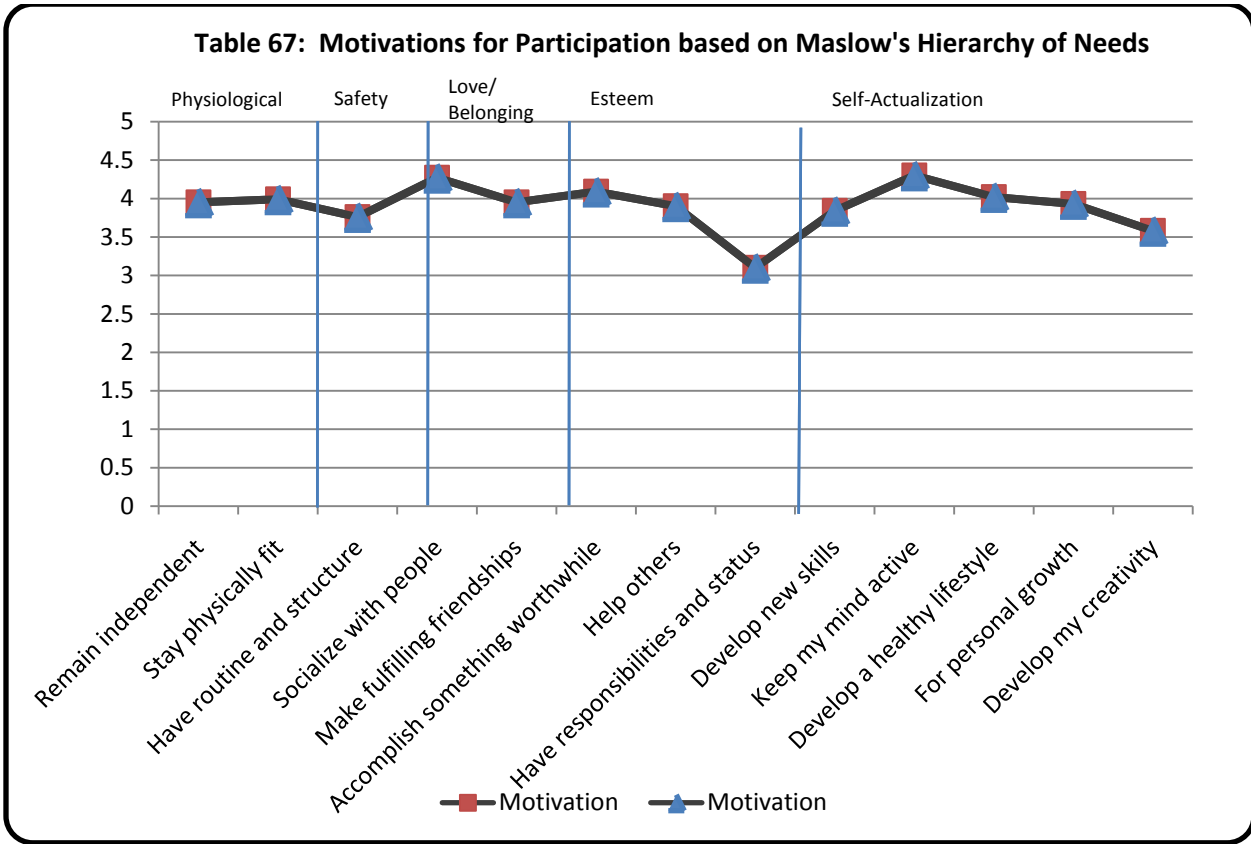
For the purposes of this study, the researchers decided to apply “Maslow’s Hierarchy of Needs” to the data collection for motivational factors related to participation in an older adult centre. A number of statements were asked pertaining to the respondent’s reasons for coming to the centre and also how the centre has improved their quality of life.

Maslow’s Hierarchy of Needs is often depicted as a pyramid consisting of five levels: the lowest level is associated with physiological needs, while the uppermost level is associated with self-actualization needs, particularly those related to identity and purpose (See Table 66).

**Table 66: Maslow's Hierarchy of Needs**



From the results, it appears that the general principles of Maslow’s Hierarchy of Needs might help us better understand the motivations for older adults in participation in centres. Table 67 provides an overview of the main reasons for participating in older adult centres.



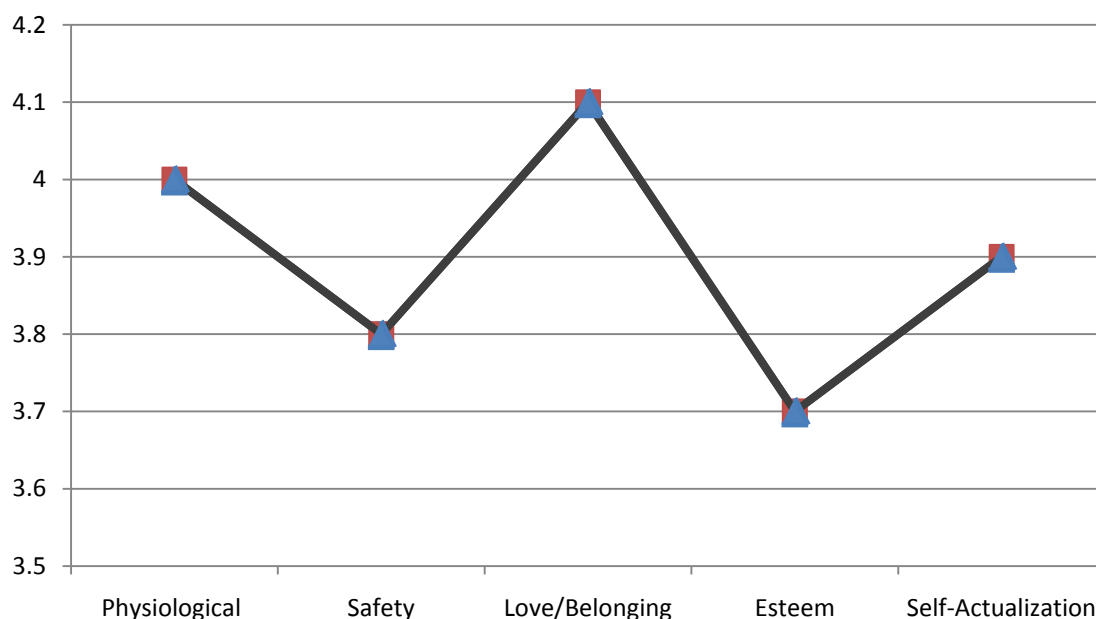
While the results are fairly high for all of the 5 need areas, there does seem to be greater support for both love/belonging type motivations and self-esteem type motivations.

- Physiological Needs:** Older adult centres do play a role in helping members remain independent and staying physically fit. These two motivations are vital for many seniors in remaining living independently in the community and they have a relatively high score in the survey.
- Safety Needs:** Older adult centres do not provide a great deal in the area of safety needs other than perhaps providing a safe environment with routine and structure. This is not a strong need from the survey but it does have some merit for many members.
- Love/Belonging Needs:** This level of needs seems to capture the essence of older adult centres. More than anything, socialization and making friendships are two of the highest motivations for older adults to join centres.
- Esteem Needs:** Esteem needs are not that strong within members of older adult centres though there are certain indicators that were fairly solid. Accomplishing something worthwhile was rated high though helping others was not as high and having responsibilities and status was rated much lower.

5. **Self-Actualization Needs:** Self-actualization needs were rated very high by the respondents in some cases. However, it is interesting to note that the indicators that were rated higher had more to do with keeping mentally active and having a healthy lifestyle as opposed to developing new skills, personal growth or developing creativity.

Table 68 provides an aggregate view of the five need categories based on the survey results. This analysis clearly demonstrates the dominance of love/belonging needs within participants of older adult centres. It also shows the secondary need group of physiological needs as being very important while the very low prevalence of esteem needs and safety needs. Esteem needs are still a vital part of the motivational framework for older adult centres though the absence of personal growth type drivers would account for the lower importance of this group.

**Table 68: Aggregate Results for Motivations based on Maslow's Hierarchy of Needs**

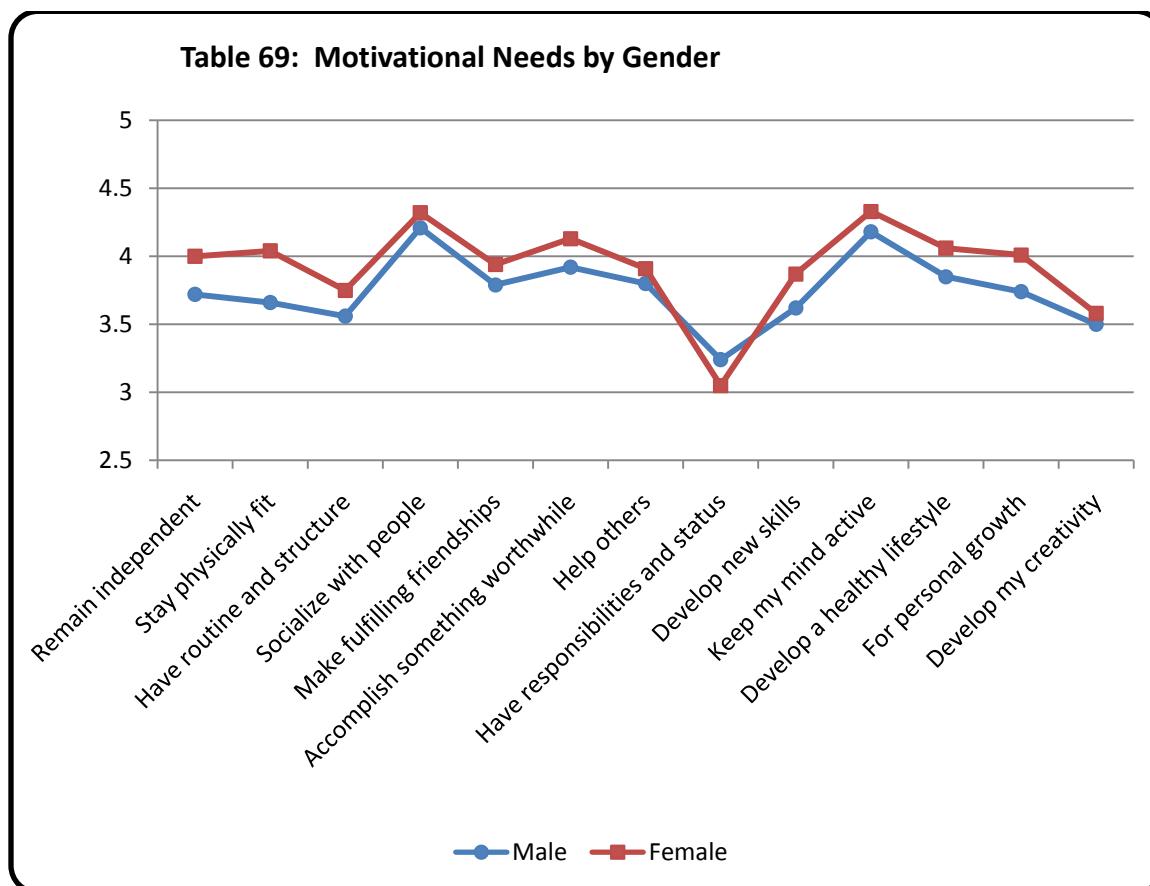


Overall, the hierarchy of needs data does not change very much when studied through an age filter. There were however, a few minor differences worth noting. First, most of the needs do not diminish or increase with age except for the following four criteria;

- The need to remain independent increases with age: by about 7% between the 50 to 65 year old group and the over 85 year old group
- The need to develop new skills decreases with age: by about 9% between the 50 to 65 year old group and the over 85 year old group
- The need to be physically fit decreases with age: by about 6% between the 50 to 65 year old group and the over 85 year old group

- The need for personal growth decreases with age: by about 4% between the 50 to 65 year old group and the over 85 year old group

The data also produced some interesting results based on gender (See Table 69). The data showed a similar pattern between males and females in terms of motivational needs with two exceptions. First, the males were consistently less motivated than females in almost every category except one. This lower level of motivation ranged anywhere from 2% to 10%. Second, the only motivational need where males were higher than females was “to have responsibilities and a position of status”. In this case, males were about 7% higher than the females.



The quality of life indicators demonstrate the outcome measures for older adult centres as well as, relating the outcomes back to the motivational data. Table 70 provides an overview of the quality of life indicators. It is interesting to note that despite the fact that esteem motivational needs were rated fairly low, the highest quality of life indicator, sense of accomplishment, was from the esteem group (81.3%). The second highest quality of life indicator was social interaction (79%) followed by sense of routine and structure (72.7%), creativity and growth (71.3%) and physical activity (70.3%). Overall, the quality of life indicators suggest that despite the desire to achieve self actualization, the members did not rate this high as an outcome.

**Table 70: Quality of Life Indicators**

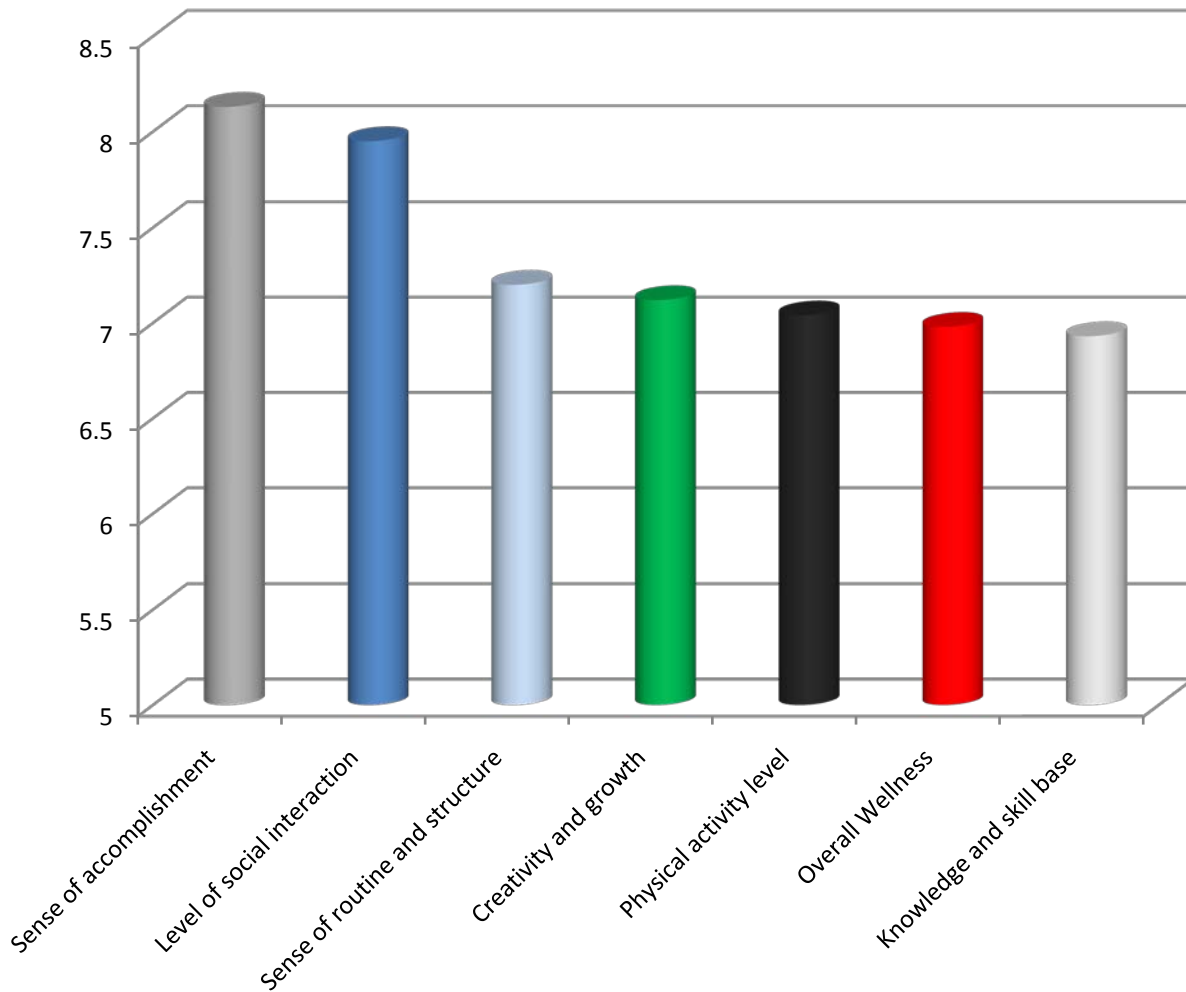
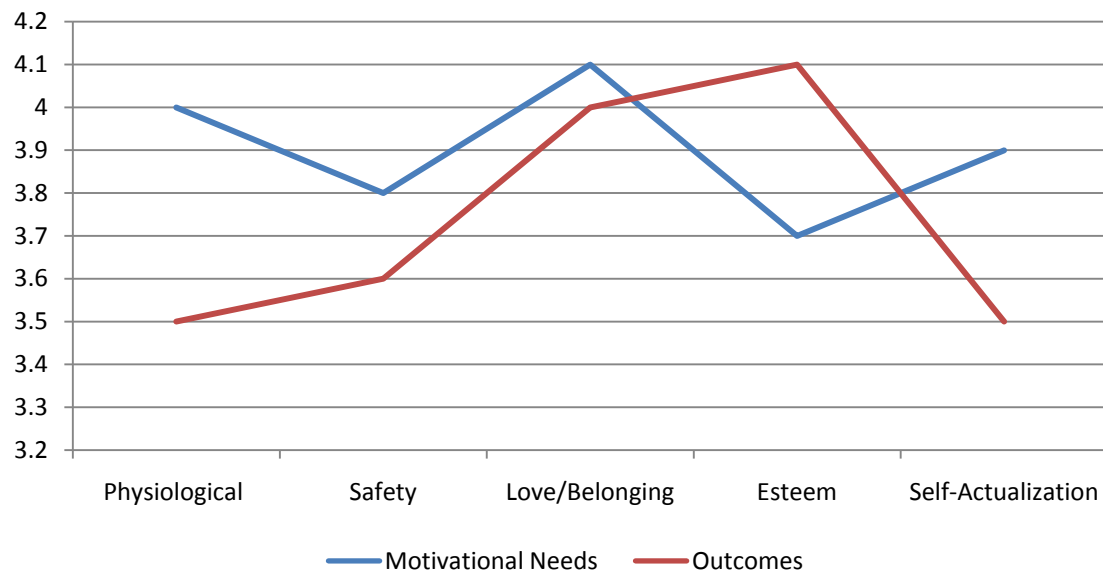


Table 71 provides a comparison between the motivational needs and the outcome indicators. These results show there is mostly an inverse relationship between perceived needs (motivations) and the actual outcomes. The first area that stands out from this comparison is the difference between the desired physiological needs and the actual outcomes. There was a very high preference stated for physiological needs but the outcomes are very low. On the other hand, there was little desire stated for esteem needs and yet this is one of the stronger outcomes. Finally, the accomplishment of self-actualization goals is quite a bit lower than the initial motivational needs.

**Table 71: Motivational Needs compared to Outcome Indicators**





### Key Findings

- Roughly 9% of seniors in Ontario belong to an older adult centre
- Individuals with higher income levels are less likely to join centres
- Almost one third of the non members were still employed either full or part time
- “Boomers” represented over 90% of the respondents who were still employed full time
- Almost half of the respondents who were working part time were over the age of 65
- Over 60% of the non members were married and only one third lived alone
- The most popular leisure venues for non members were; community recreation facilities, fitness clubs and private clubs.
- Three quarters of the non members participate in leisure activities at least 1 or more times per week
- One third of the non members participate in leisure activities more than 3 times per week
- Non members indicated that their level of activity was only moderate and their time available for leisure activities was also moderate
- Non members were most interested in physical activities, special events, trips and travel, computers and technology and health and wellness
- Almost half of the non members were active as volunteers
- The health status of non members was slightly lower than members
- Members of older adult centres tended to be slightly more active than non members
- Over two thirds of non members might be interested in joining an older adult centre

## NON MEMBERS OF OLDER ADULT CENTRES

## **XI. Non Members of Older Adult Centres**

It is projected that approximately 150,000 older adults are members of older adult centres in Ontario<sup>10</sup> which represents 9.1% of the Ontario population over the age of 65<sup>11</sup>. While a 9% market share and 150,000 members are very impressive numbers, the Building Bridges to Tomorrow study is interested in what the other 90% of the older adults in Ontario are up to if they are not joining centres.

The non member portion of the Building Bridges to Tomorrow project also focuses on studying the “Boomer” generation and their leisure patterns. The survey contained a mixture of both discrete data along with narrative data about the image of older adult centres. Normally, narrative data has limited applications in this type of study however, for the purposes of understanding the “Boomer” generation and their perceptions of older adult centres, it is quite meaningful.

The non member analysis is divided into five sub sections;

1. Profile of Non Members
2. Leisure Activities and Patterns
3. Volunteer Activities and Patterns
4. Marketing: Images of Older Adult Centres
5. Health Status

### **A. Profile of Non Members**

As stated in the methodology section, the surveying techniques for the non member questionnaires did not conform to fully acceptable sampling techniques and sampling designs. However, the survey does include 692 non member responses which provide a very large sampling of respondents to gather very meaningful information and views about older adult centres. At this point, it is worthwhile to look at short profile of the non member respondents including;

1. Gender
2. Age
3. Income Levels
4. Employment Status
5. Marital Status
6. Living Arrangements
7. Dwelling Type

#### **1. Gender of Non Members**

The non member survey consists of 67% females and 33% males (See Table 72). The distribution of males in this sampling was higher than the average for the member surveys where the total number of males was only 26%.

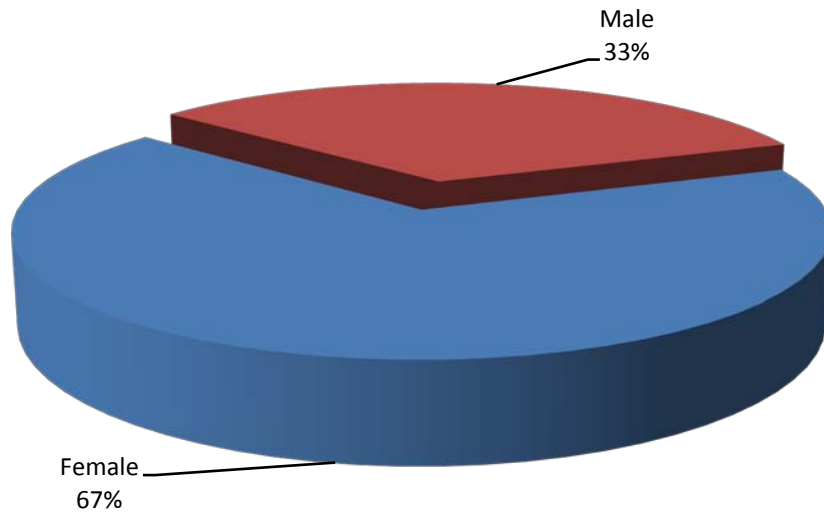
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<sup>10</sup> OACAO, Building Bridges to Tomorrow, “Profile of Older Adult Centres”, 2008.

<sup>11</sup> Census Canada, 2006 Census.



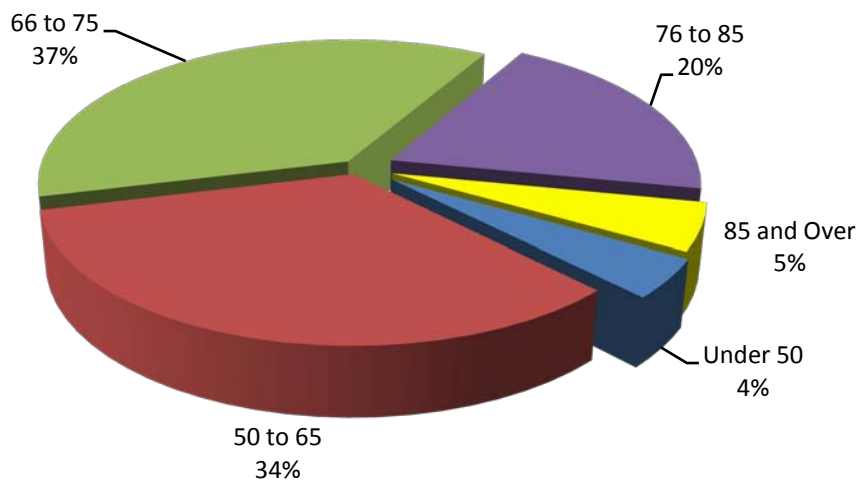
**Table 72: Gender of Non Members**



## **2. Age of Non Members**

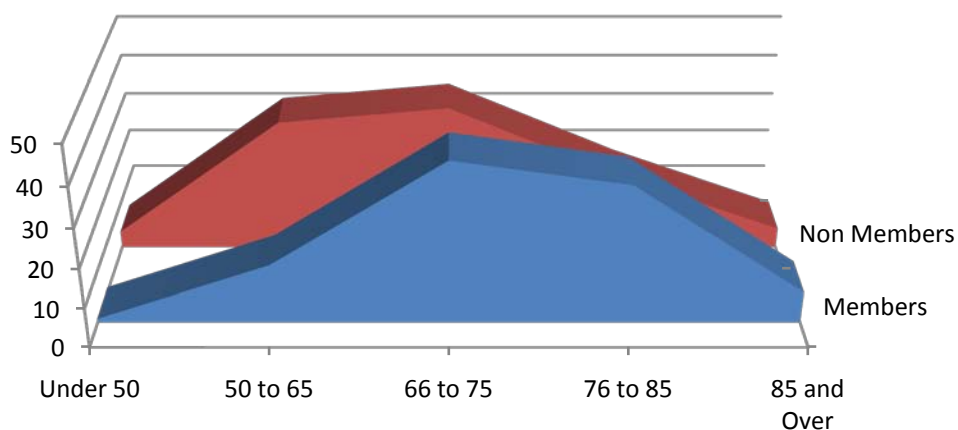
The non member survey consisted of a fairly solid representation from each of the main age groups except for the 85 and over age category (See Table 73). Most importantly, the “Boomer” component of the survey accounts for more than one third of the sample size (34%). This will be important in looking at the “Boomer” trends.

**Table 73: Age Distribution of Non Members**



The age distribution of the non member survey represents a much younger group than the actual membership of older adult centres (See Table 74). For example, the “Boomer” age group for the non member survey is 34% while the actual distribution within older adult centres is only 15%. Conversely, the non member survey contains fewer older respondents as compared to the membership distribution. Again, the non member results are right on target with what the researchers were looking for in order to get a stronger response from the “Boomer” age group.

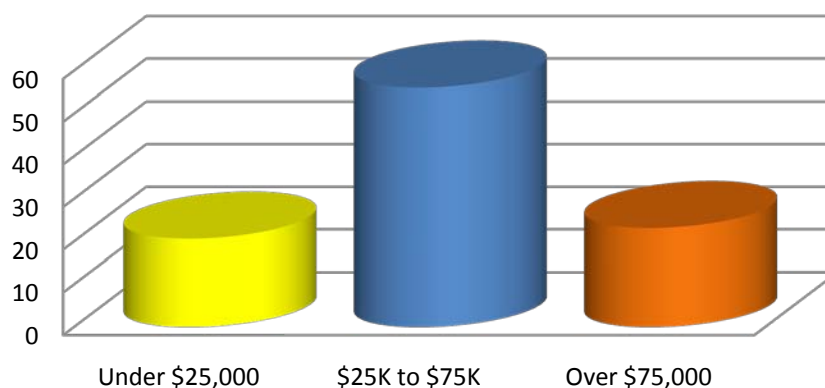
**Table 74: Age Distribution between Members and Non Members**



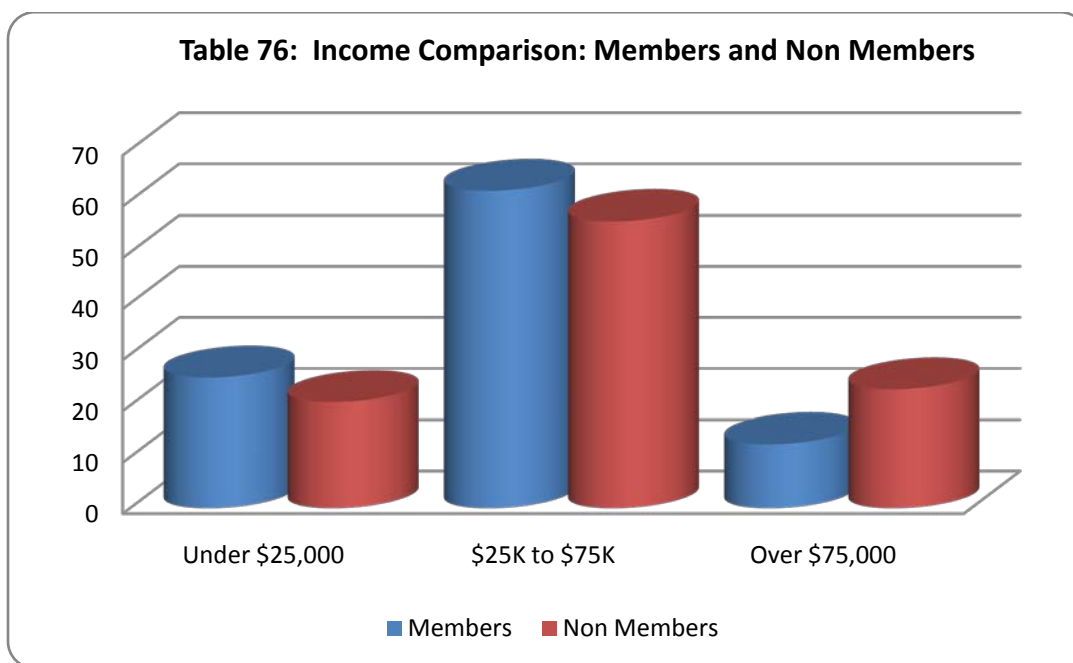
### 3. Income Levels for Non Members

The majority of the non members were in the middle income bracket (56.1%) though almost one quarter of the respondents were also from the upper income bracket (See Table 75).

**Table 75: Income Level of Non Members**

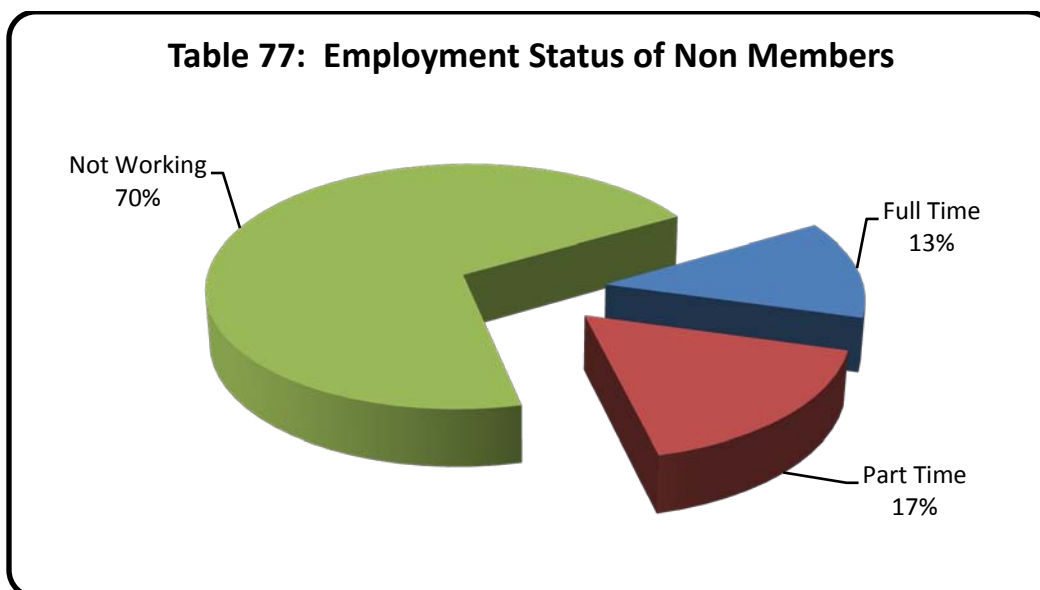


This distribution is somewhat similar to the distribution for members of older adult centres (See Table 76). However, the non member survey did consist of a slightly higher level of respondents from the \$75,000 and over category (10.7% higher).



#### 4. Employment Status

The majority of the non member respondents were retired or not employed (70%) (See Table 77). Only 13% of the respondents were working full time and 17% were working part time.



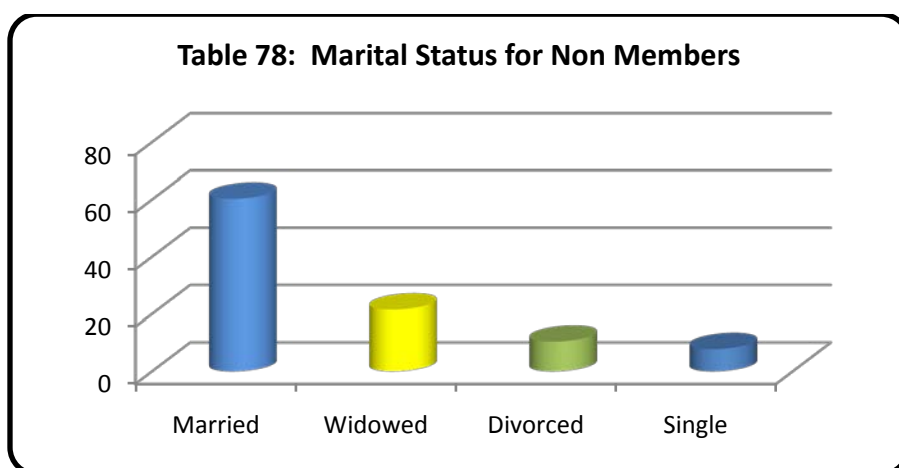
Of the respondents who are still working full time, 91% were between the age of 50 to 65 and 9% were between the age of 66 and 75. The respondents who are still working part time tended to be much older with only 46% under the age of 65 and 45% between the age of 66 and 75.

There were 7% of the part time workers between the age of 76 to 85 and almost 2% of the part time workers were over the age of 85.

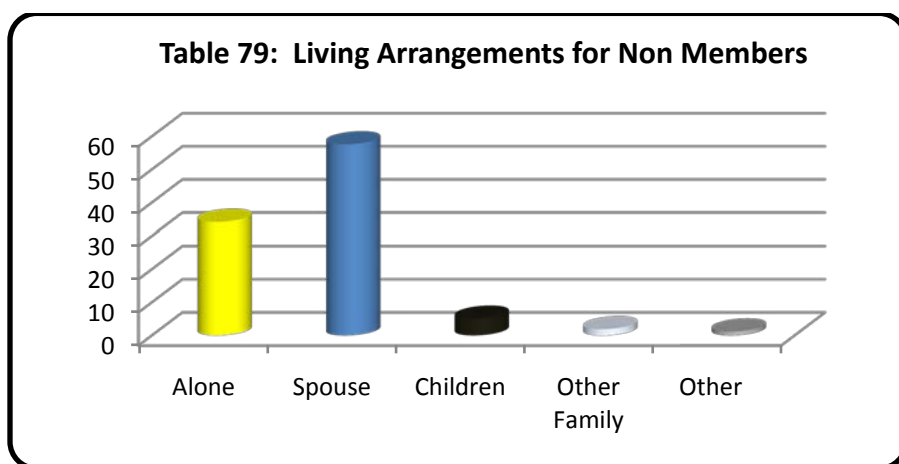
Despite the fact that the respondents are not members of older adult centres, it does suggest that in the future employment for seniors may be more common. In particular, part time employment tends to a trend for older adults over the age of 65.

### 5. Marital Status, Living Arrangements and Dwelling Type

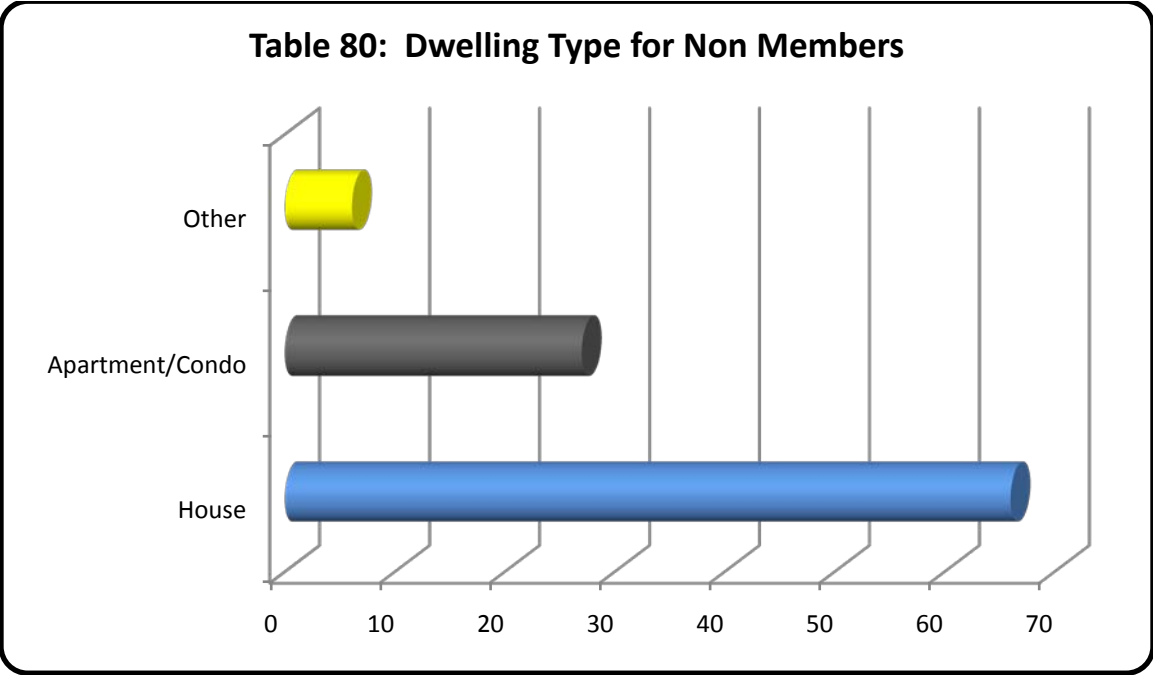
The majority of the non member respondents were married (60.3%) though many were also widowed (21.5%), divorced (10.4%) or single (7.8%) (See Table 78). The portion of married non members is about 10% higher than the membership survey which is largely due to the younger age component of the non member group.



More than 65% of the non member respondents either live with a spouse or other family members while just over one third of the non members live alone (See Table 79). The portion of single respondents is about 10% lower than the membership survey.



The majority of the non member respondents live in a house (66%) while just over one quarter of the non members live in apartments or condominiums (27%) (See Table 80). These results are identical to the membership results.



**B. Leisure Activities and Patterns**

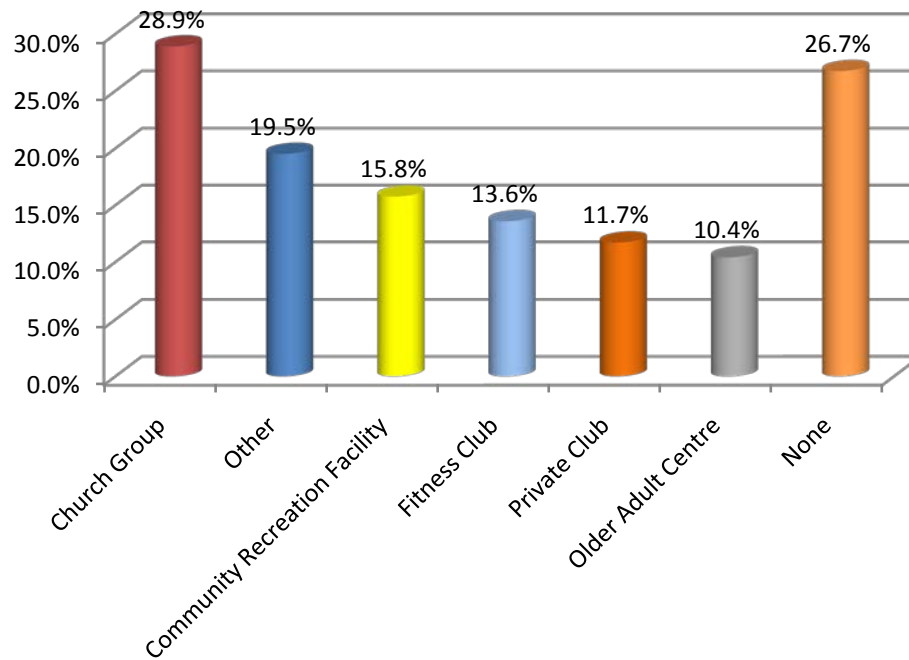
One of the key elements of the non member survey was to determine the leisure patterns of non members of older adult centres including the frequency of participation. The survey also included a series of rating scales for levels of activity, time available for leisure activities and willingness to spend money on leisure activities. Finally, the survey looks at what types of activities non members are interested in.

**1. Leisure Activities and Participation Patterns**

The largest leisure group that the non member respondents belong to are churches (28.9%) followed by community recreation facilities (15.8%), fitness clubs (13.6%), and private clubs (11.7%) (See Table 81). This result suggests that non members are not too active with other leisure programs and the competition for older adult centres may not lie so much in other facilities but more in other employment opportunities or inactivity.

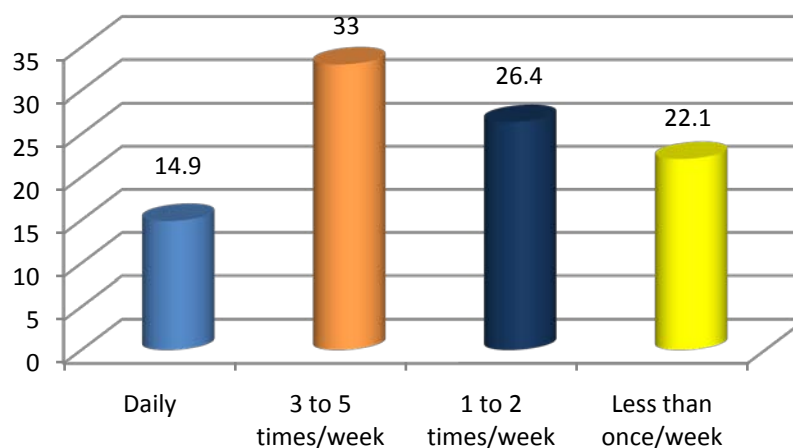
For the “Boomer” population, fitness clubs are more used than any other age category. Of the respondents who belonged to fitness clubs, 57% were between the age of 50 and 65 while 26% were between the age of 66 to 75. This might suggest that if there is any competition for the “boomer” population, it may come from fitness type facilities.

**Table 81: Non Members belonging to Other Leisure Groups**



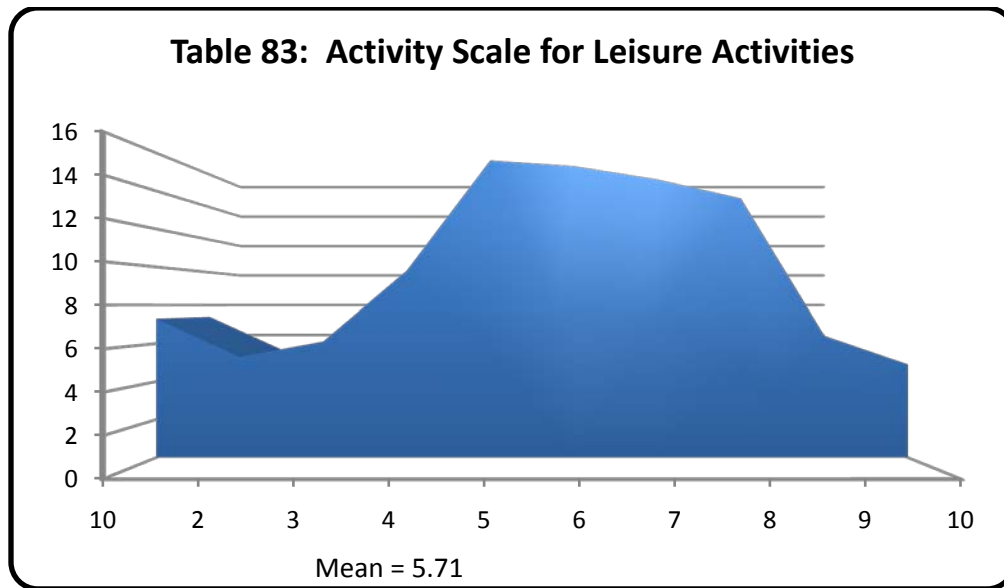
Non members appear to be fairly active with their leisure pursuits and almost three quarters of the respondents participate at least 1 to 2 times per week or more (74.3%) (See Table 82). In fact, at least one third participate 3 to 5 times per week and almost 15% participate daily.

**Table 82: Frequency of Participation**

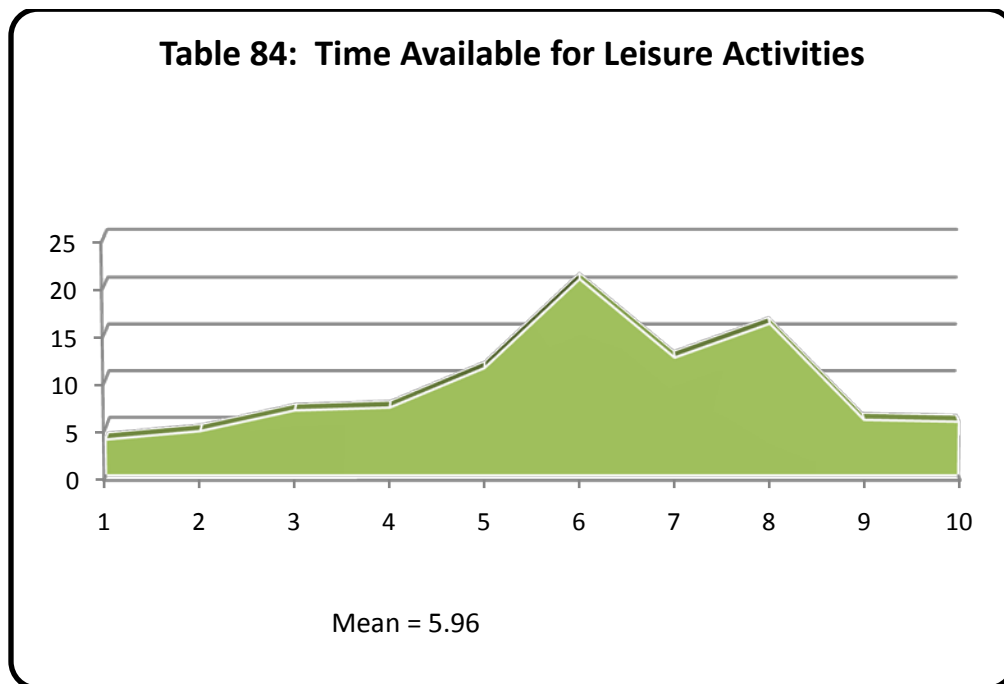


## 2. Perceptions on Leisure Activities

The non member respondents were not as active with recreation and leisure activities as one might expect (See Table 83). The non members suggested that on a scale of 1 to 10, their activity level was 5.71 out of 10. While there were many non members with high activity levels, the results were fairly evenly spread out across the entire scale.

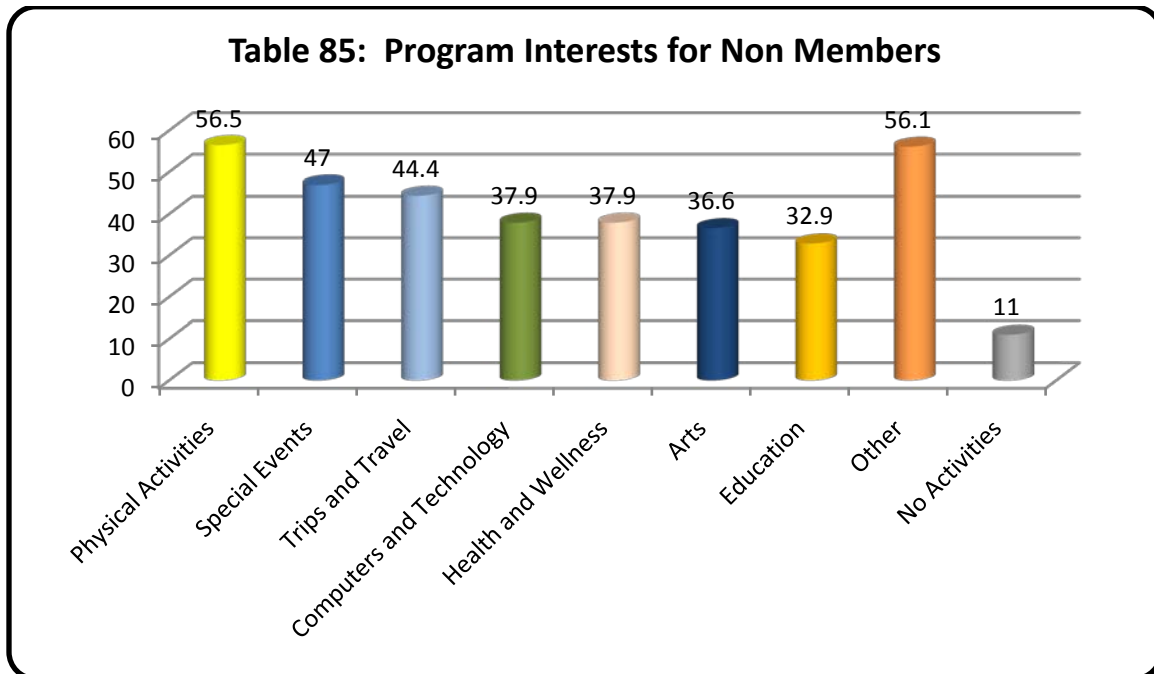


Time also seems to be a big issue for non members in terms of participating in leisure activities (See Table 84). The average rating for time available for leisure activities was only 5.96 though again there was a wide distribution throughout the entire scale.



### 3. Program Interests

Non members of older adult centres seem to be most interested in physical activities (56.5%) followed by special events (47%), trips and travel (44.4%), computers (37.9%) and health and wellness (37.9%) (See Table 84). In fact, there was a solid amount of demand for most types of activity groups.



One of the common trends that occurred for almost all of the activity groups was that there was a dramatic drop in demand from non members after the age of 75. In some cases, this decline was up to 50% as compared to the “Boomer” group. For example, for physical activities, 70 % of the 50 to 65 year old age group were interested in these programs and the 66 to 75 year old age group had a demand level of 55%. However, the demand level past the age of 75 was only 37%.

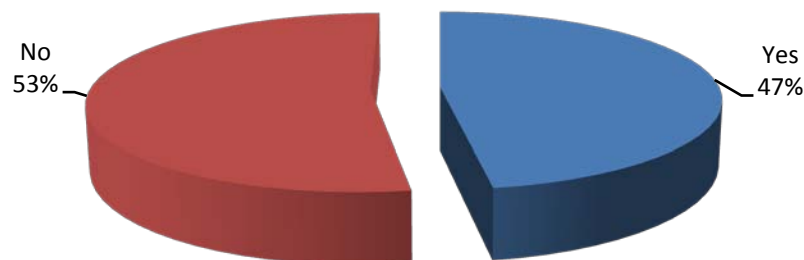
Perhaps, this trend suggests that from a marketing perspective the younger non members (under 75 years old) represent the best potential new members. It would appear that interest in new activities declines sharply after the age of 75.



### C. Volunteer Activities and Patterns

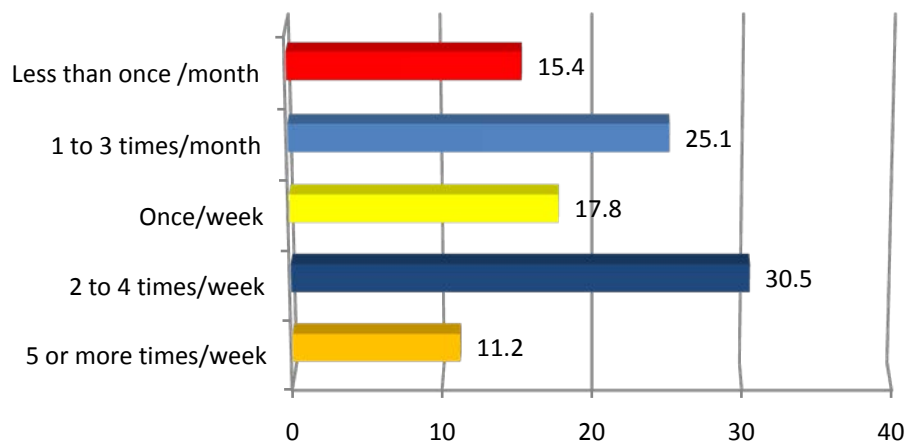
The non member respondents were very active as volunteers (47%) (See Table 86). This statistic was somewhat surprising given how many of the respondents did not feel that they had a lot of time for leisure activities and also, that 30% of the respondents were still working. In fact, of the non members who do volunteer, 75% came from the non working portion and only 25% came from the non members who are employed.

**Table 86: Active in Volunteer Roles**



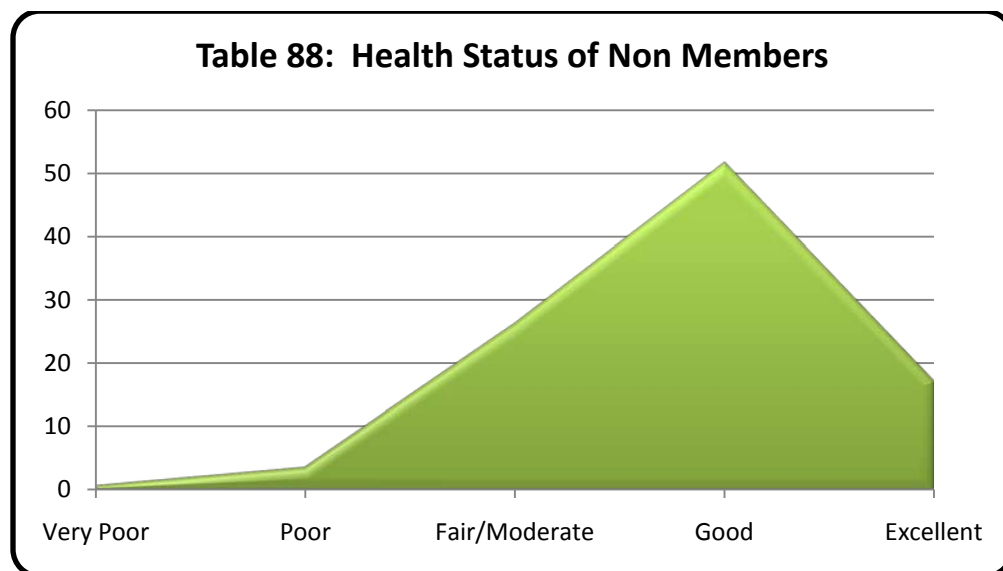
Almost 60% of the non member respondents who were volunteers were active at least once per week as a volunteer (59.5%) and more than 40% were active at least 2 to 4 times per week (41.7%) (See Table 87).

**Table 87: Frequency of Volunteer Activity**

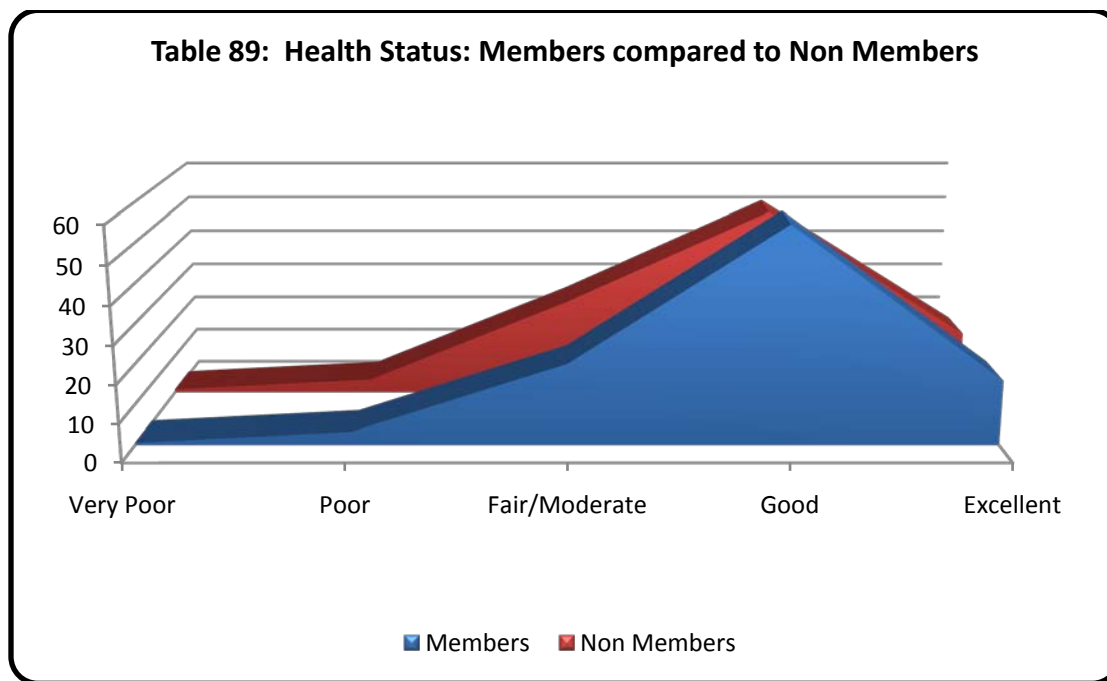


#### D. Health Status of Non Members

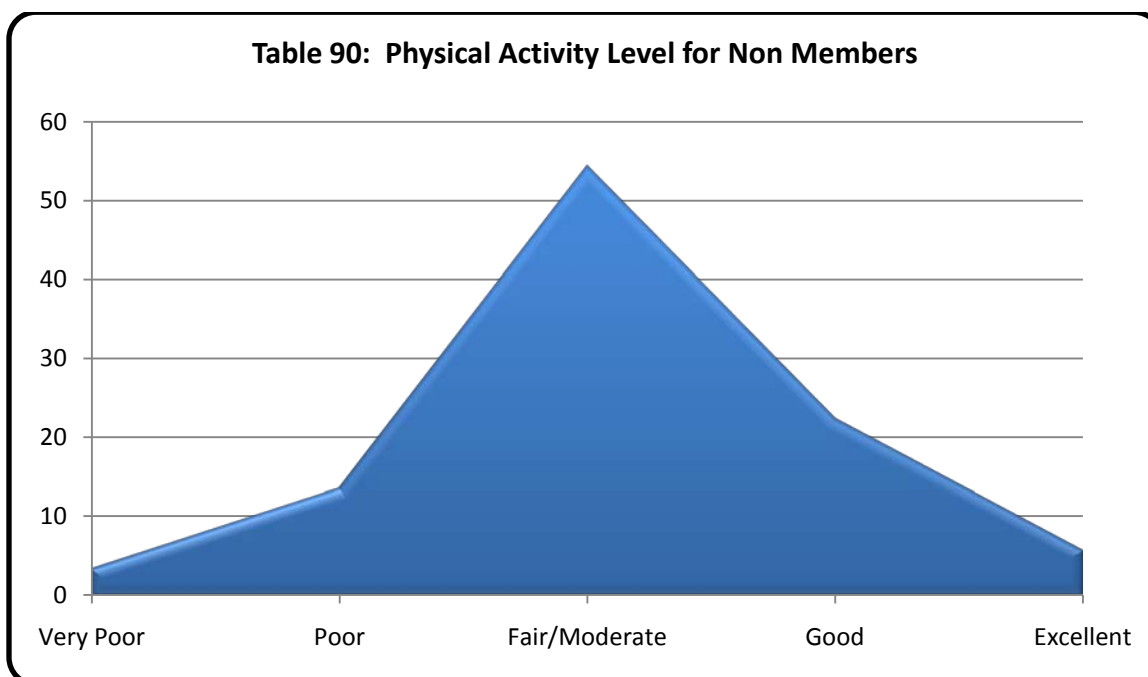
Overall, the health status for non members was very good as shown on Table 88. Almost 70% of the respondents stated that their health status was either good or excellent (68.9%). While just over one quarter of the respondents did state that their health status was fair (26.4%), there were less than 5% of the respondents with poor or very poor health.



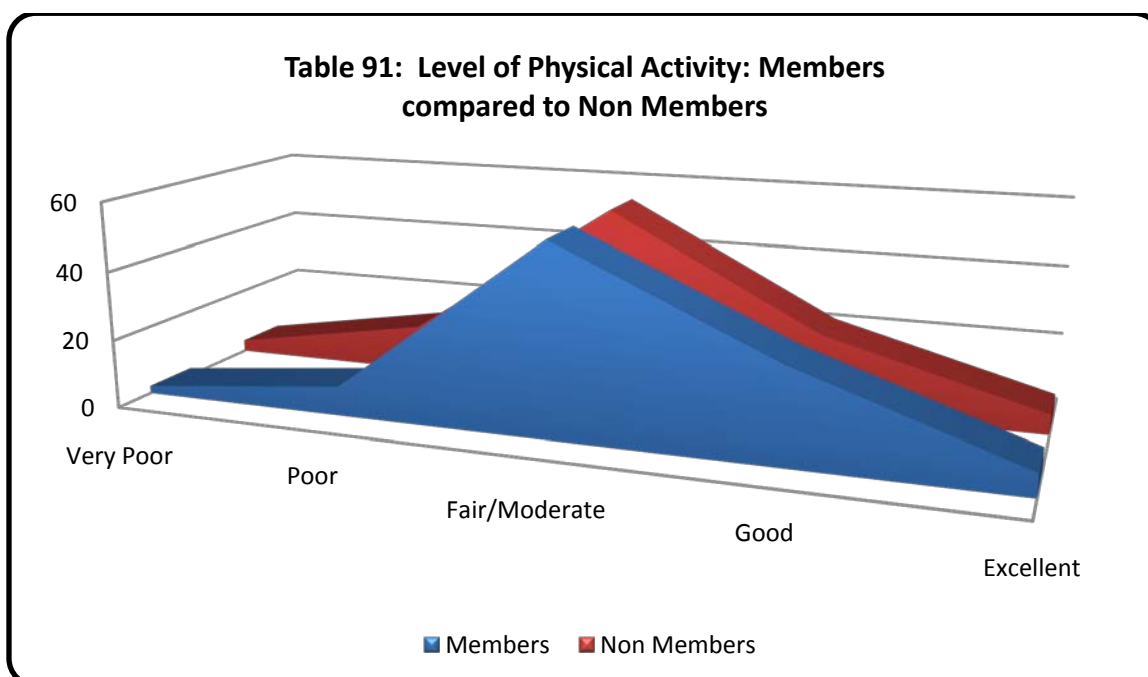
This result was very similar to the health status for members of older adult centres as shown on Table 89. The members actually tended to be slightly healthier than non member though it was a very small difference of about 6%.



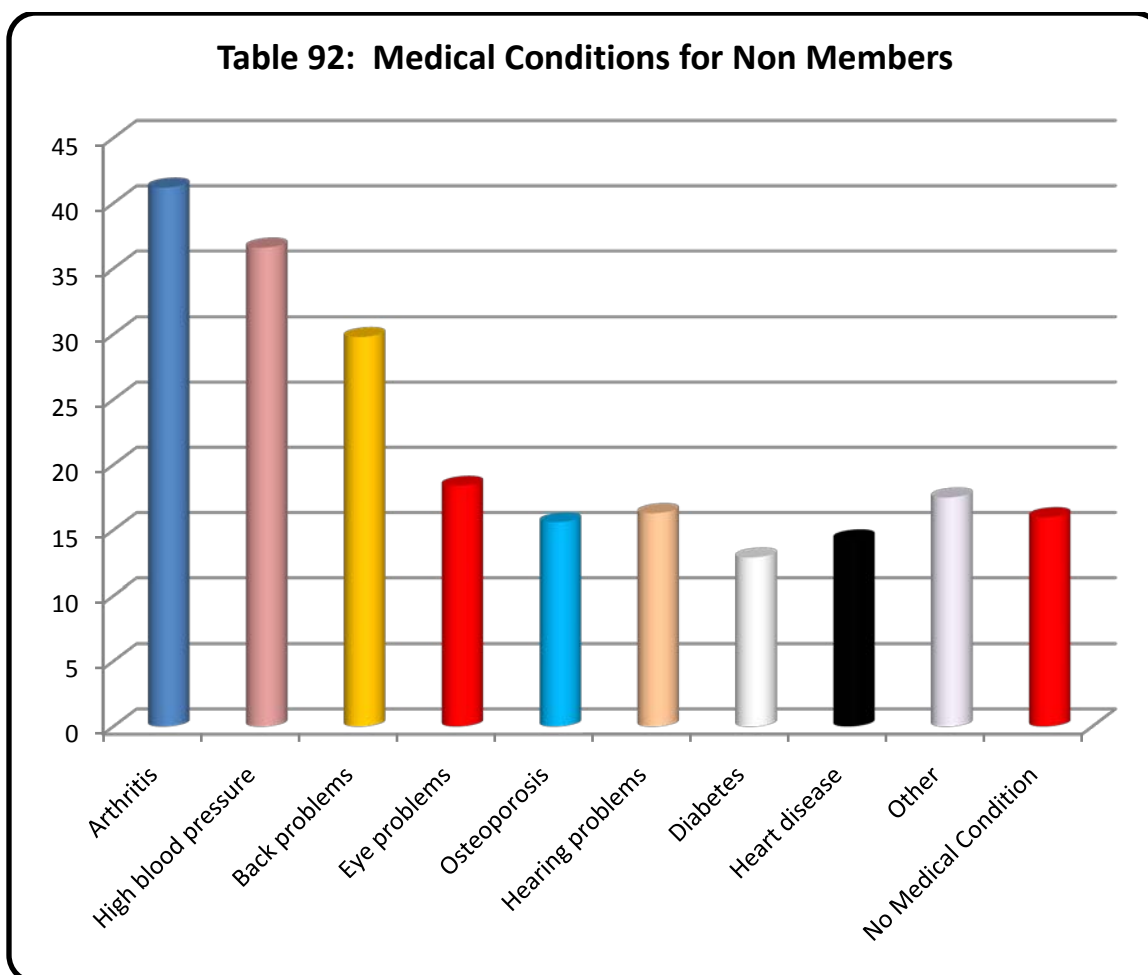
The physical activity level for non members was not very strong (See Table 90). Over 50% of the respondents (54.5%) stated that their physical activity level was only moderate and slightly more than one quarter of the respondents had a good or excellent physical activity level (28.3%).



Again, when compare to the member survey, the results are almost identical (See Table 91). The members were slightly more active than the non members but the difference was less than 10%.

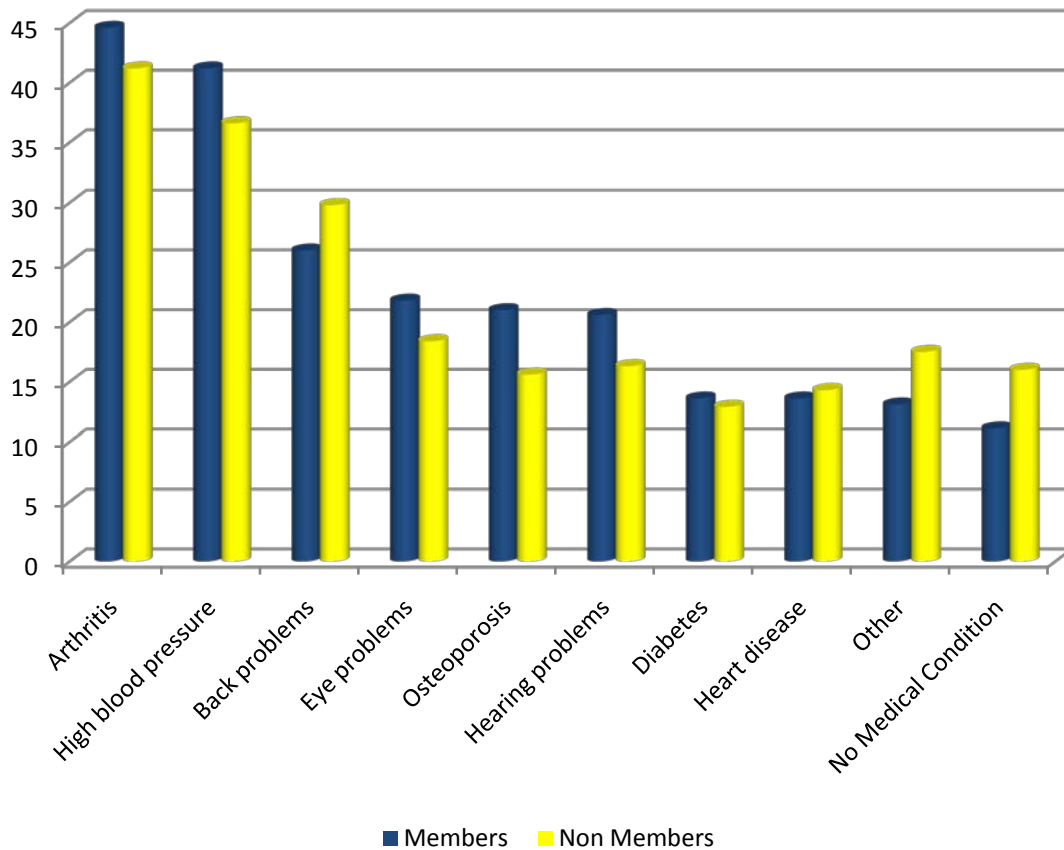


In terms of medical conditions, the non member survey indicated arthritis was the leading condition (41.2%) followed by high blood pressure (36.6%) and back problems (29.8%) (See Table 92).



Compared to the membership survey, there were not too many differences between the non members and the members (See Table 93). However, the members did have slightly more medical conditions than the non members. This could be a factor caused by the fact that the non members were generally younger than the members.

**Table 93: Medical Conditions: Members compared to Non Members**



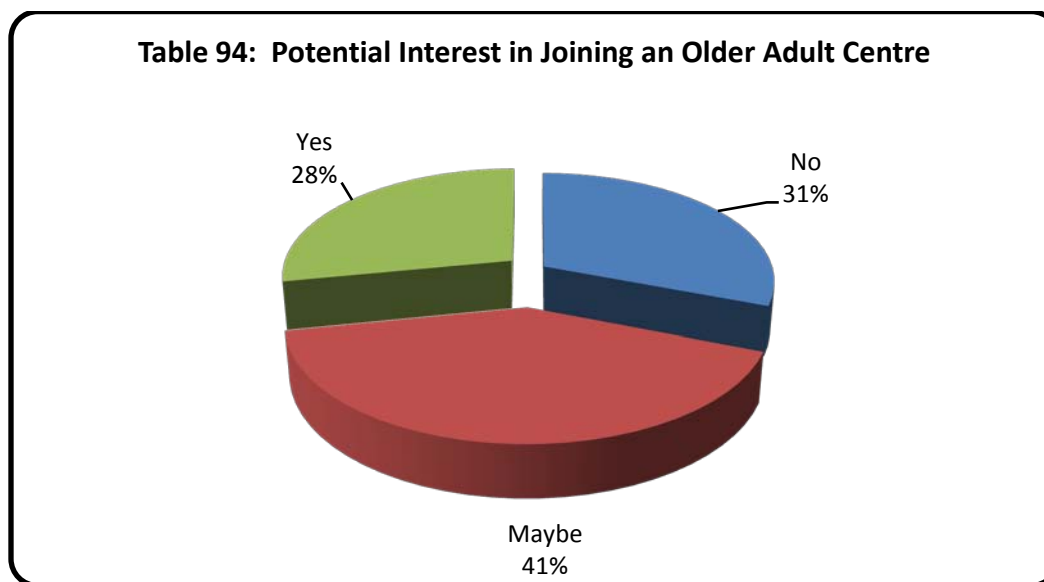
### **E. Marketing to Non Members: Images of Older Adult Centres**

One of the important components of the non member survey was to have the ability to identify marketing concepts that might help older adult centres in expanding their membership. This is particularly true of the “Boomer” generation where much of the focus has been put for the future of older adult centres.

Actually, the survey results were rather encouraging from the perspective of attracting new members to older adult centres. More than one quarter (28%) of the non members stated that they would be interested in joining an older adult centres and a further 41% stated that they might be interested in joining a centre (See Table 94). Only 31% of the respondents stated that they were not interested in joining an older adult centre.

For those non members who were definitely interested in joining an older adult centre, 37.5% were between the age of 50 to 65 and 38.3% were between the age of 66 to 75.

Only 22% of the demand came from respondents over the age of 75. Further, almost 75% of the “Boomer” group were interested in possibly joining an older adult centre. Demand tended to decline with age for all of the other age categories. This finding would support the notion that the biggest marketing opportunity among non members is the “Boomer” generation or at least seniors under the age of 75.



One of the more interesting components of the non member survey came from an open ended question that normally would have very little applicability from a statistical perspective. However, in this case, the question ***“When you think of an Older Adult Centre, what image pops into your mind”***, created some interesting responses and provides great insight into the marketing needs for older adult centres. Table 95 provides a summary of the positive and negative comments made by non members of older adult centres.

On the positive side, there is a sense of social interaction in many of the responses along with a youthful side to centres. Comments like “laughter, friendship, activities” start to capture the essence of older adult centres and there are also a few comments that touch on fitness and healthy living.

On the negative side, it is very easy to see the challenges that face older adult centres with respect to marketing and image. While some of the comments are not kind in nature, almost all of the comments have one common theme “old”. It is difficult to imagine trying to attract members under the age of 65 if these are the perceptions that many non members have of older adult centres.

Though these comments are not statistically relevant, they speak volumes for the strategic direction that older adult centres need to pursue with respect to marketing. As the “Boomer” generation continues to age, this negative marketing image will become even more critical.

**Table 95: Images of Older Adult Centres**

Positive Images	Negative Images
<ul style="list-style-type: none"><li>• Thinking young/keeping active</li><li>• Staying connected with peers</li><li>• Good for men alone (single men)</li><li>• Young at heart</li><li>• Unity, kindness, belonging</li><li>• Active seniors</li><li>• Activity, community and friendship</li><li>• No kids running around</li><li>• Enormous activities</li><li>• Friendships</li><li>• Participation, activities, action packed</li><li>• People enjoying themselves</li><li>• Seniors having fun</li><li>• Wonderful activities</li><li>• Enhancing health and brain power</li><li>• Fitness and staying healthy</li><li>• Fun – wish I could go but too busy</li><li>• Great way to meet people</li><li>• Having a great time</li><li>• Laughter, friendship, activities</li><li>• Opportunities</li><li>• Staying fit</li><li>• Vital, alive seniors</li></ul>	<ul style="list-style-type: none"><li>• Very old</li><li>• Dying</li><li>• Old people</li><li>• Old people shuffling around</li><li>• Old people playing cards</li><li>• People older than me</li><li>• White haired people playing cards and knitting</li><li>• Old people with nothing else to do</li><li>• Old folks, widows, poor people</li><li>• A bunch of old people trying to keep fit</li><li>• A place to go when you are old</li><li>• Not ready</li><li>• Old people who need assistance</li><li>• A place I might attend in 15 years</li><li>• Group of elderly people around a table playing cards or doing chair exercises</li><li>• Large old room with uncomfortable chairs around the perimeter</li><li>• Old farts</li><li>• A place my mother would join</li><li>• My mother-in-law</li><li>• Boring</li><li>• Canes and disabilities</li><li>• Bunch of people sitting, eating muffins</li><li>• Everyone is older than me</li><li>• Grumpy old ladies</li><li>• Lonely people</li><li>• Needs an overhaul</li><li>• Old geezers</li><li>• Old goats playing cards</li><li>• People slowing their lives down</li><li>• Talk, talk, talk</li><li>• Tea and crackers</li><li>• Old people doing silly stuff</li><li>• 2<sup>nd</sup> to last stop</li></ul>



## CONCLUSIONS \_\_\_\_\_



## **XII. CONCLUSIONS**

Older adult centres in Ontario play a unique and special role both on an individual basis for many seniors in Ontario and on a global basis for our healthcare system. In fact, the impact of older adult centres goes far beyond the benefits to healthcare to include the very fabric of neighbourhoods and communities across the province.

### ***Who are the Users of Older Adult Centres***

From the Building Bridges to Tomorrow research, it is apparent that older adult centres serve a wide range of older adults across the province from younger “Boomers” to older adults over the age of 85 years of age. It is also noted that while the market share of “Boomers” has increased from 8% to 15% over the past ten years, older adult centres primarily cater to seniors between the ages of 65 to 85. Compared to the general population, older adult centres also serve a high proportion of seniors over the age of 85.

In general, older adult centres cater to individuals from lower or middle income brackets including a very high portion of single, low income women. This has significant implications for both large urban areas such as, Toronto and Ottawa along with more isolated northern communities. However, from an ethnicity perspective, older adult centres are fairly weak in terms of their market share including a very low participation level for visible minorities.

### ***Attendance Patterns for Members at Older Adult Centres***

It is obvious the older adult centres are very well used and for most members represent a “home away from home”. The longevity of members in terms of length of membership exceeds 5 years for more than half of the members and the length of membership period does not significantly decrease with age. In fact, the turnover rate in terms of membership is only 6% per year. Usage patterns are also very impressive with more than 60% of the members attending the centre at least 2 times per week.

Getting to the centre is mostly done by personal automobile or walking (85%) and only a handful of members are using special transportation to get to the centre. However, as aging sometimes leads to decreased mobility, transportation is creating issues for older adults specifically in suburban and exurban areas.

### ***Marketing Older Adult Centres***

It is a long held belief that older adult centres are one of the best kept secrets in Ontario with only the current members of centres really being aware that centres exist. Certainly marketing for older adult centres would support this notion and suggest that current members are also the best marketing tool for older adult centres. In terms of attracting new members, “tell-a-friend” is by far the most effective marketing tool while tradition marketing methods such as, newspapers and brochures have moderate success and the effectiveness of the internet is almost non-existent.

For programming promotion, “tell-a-friend” is still a very important marketing tool followed by program guides and newsletters. In this case, the internet appears to have a little better application and its usage definitely increases greatly for the “Boomer” segment of the membership.

### ***Volunteering at Older Adult Centres***

Volunteer participation within older adult centres is nothing less than amazing. With more than half of the current members involved in volunteer activities, volunteers are involved in virtually every aspect of the operation of an older adult centre from governance to administration, fundraising, food services and program management.

### ***Program Participation within Older Adult Centres***

The research supports the notion that older adult centres are very well utilized for a wide variety of programs and services. Perhaps, more important than this wide range of activities is that the main three activity types support and healthy and well balanced live. The three main program types generally support social interaction, fitness and health promotion.

The balance of program activities is certainly shifting from the traditional image of cards and bingo to a point where fitness and educational activities have a much higher market share. The age related data also suggests that this focus may be strengthened as the “boomers” continue to age. Fitness, visual arts and computer programs seem to be preferred by younger members while trips and cards tend to appeal to the older members.

### ***Health Services within Older Adult Centres***

Older adult centres have an important role to play in health promotion for older adults though the research suggests that this role is primarily relegated to health promotion seminars and foot care. There are not many examples of other screening clinics or life style services such as, weight loss programs. With the aging of the “boomers”, older adult centres have a great opportunity to play a much larger role in the area of health related services. The focus of this new generation will be very different from the current membership group in terms of the type of healthcare services they are looking for.

### ***Community Services within Older Adult Centres***

Though many of the community support services in Ontario actually developed out of older adult centres and many continue to have a direct link with centres, there is little evidence to suggest that members of centres are using many community services. Not surprisingly, facility based community services such as, congregate dining and day programs are the most utilized programs while more intensive services such as meals on wheels and home making are rarely used by members of centres.

This finding suggests that members of older adult centres tend to be very healthy and independent and it also suggests that once members get to the point where their independence is not as solid that their participation in centres drops off.

As an alternative to chasing the “boomer” population, there may be an opportunity for centres to focus more on serving this less independent segment of the population.

### ***Satisfaction with Older Adult Centres***

The current satisfaction levels with programs within older adult centres are very high with an overall satisfaction level of over 9 out of 10. Any organization would be very satisfied with this type of satisfaction rating.

From a financial perspective, older adult centres have a very solid satisfaction rating with only a small portion of the current members suggesting that the services are too expensive. The only area that was even remotely considered to be expensive was trips.

Though the current perception is that centres are very inexpensive, this trend does have an impact on the overall quality and type of programs offered within centres. With the emerging “boomer” population looking for a higher quality and specialization of programs, there will need to be a change in the current financial resources including pricing philosophies within centres.

The infrastructure of older adult centres also had a fairly solid rating though there are some lower ratings related to specific physical attributes such as, parking, space for programs, climate control and food services.

### ***Health Status of Members***

Members of older adult centres are fairly healthy and generally rate their health status as good or excellent. As would be expected, members who are only in moderate health tend to increase with age and for the 85 and over age bracket there is a noticeable decline in health status.

Overall, health conditions tend to focus on arthritis and high blood pressure while other conditions including back problems and osteoporosis are also prevalent and sensory related problems including hearing and eye problems are also noticeable. Perhaps, somewhat surprising is the low incident of diabetes and heart disease. It is interesting that diabetes is the only medical condition that tends to decline with age and this perhaps suggests that diabetes care is more an issue for the “boomer” generation than for the older seniors. Also, there is a very sharp increase in heart disease over the age of 75.

### ***Motivation and Members of Older Adult Centres***

The quality of life indicators for members of older adult centres supports the notion that centres provide a great deal of social interaction benefits. This is also mixed strongly with the need for a sense of accomplishment. Other quality of life indicators are much lower including physical activity level and overall wellness.

The application of Maslow's Hierarchy of Needs suggests that the motivations for participation are fairly different from the actual outcomes and the two primary outcomes are love/belonging and esteem. Self actualization outcomes are fairly low though they are one of the prime motivations.

### ***Non Members of Older Adult Centres***

As outlined in the methodology, the intent of the survey was to focus largely on the "baby boomer" generation in terms of looking at the non member group. As such, one third of the respondents were under the age of 65. From the socio-economic data, one of the findings that is evident is that the non member group tends to have a higher income level and also tends to not live alone or have a single marital status. From a very simplistic view, non members tend to have less of a need to seek social interaction and also tend to have greater resources to seek out other leisure alternatives.

The employment status of non members does show that 30% are still employed however this number drops to 9% over the age of 65. Though legislative changes in Ontario have made it easier for individuals to work beyond 65, the data for non members is not showing this trend at the present time. This trend might change as the "boomer" generation ages.

The non member population also showed a high level of volunteer engagement with fairly intensive participation levels. Though it has been suggested that volunteerism may decline within the "boomer" generation, the data does not support this notion. Perhaps, the type of volunteer work may shift for this generation as has been suggested by many experts.

Leisure patterns and health status are very similar between members and non members and there are few variances within health conditions. For the most part, they are a very homogeneous group are though members of older adult centres seem to be slightly healthier, there are only minor differences. Perhaps, the only significant factor related to health is that the non member group is a much younger population so it could be expected that their health status would be a little higher.

Finally, one of the most interesting findings within the study related to marketing older adult centres to non members. It was somewhat surprising that almost 70% of the non members might be interested in joining an older adult centre. From the comments made about the perceptions of older adult centres, it is evident that by changing this negative image of centres, there is the potential to tap into this non member population.

### ***Strategies for Older Adult Centres***

The Building Bridges to Tomorrow project has produced a major amount of primary data on older adult centres including the data contained in this report. From a strategic perspective, there are a few themes that are emerging for the older adult centre sector to consider:

- ***The Generation Gap:*** The findings are suggesting that older adult centres are serving a very wide age range from 50 years of age to over 85 years of age. Despite the increased focus on the "boomer" population over the last ten years, the market share of this population is only 15%.

One emerging strategy is that older adult centres might want to focus on a smaller age range which in turn has implications for programming strategies.

- **All things to all people:** Similar to the first strategy, there appears to be a wide range of programs and services offered within older adult centres. One of the emerging themes that comes out of all of the research data is that older adult centres tend to have this need to provide all types of services from a “generalist” perspective as opposed to focusing on a primary program approach and developing a “specialist” approach.
- **Diversity:** If there can be any weakness for older adult centres, it is their lack of penetration into the diverse communities that exist throughout Ontario. In particular, the involvement of visible minorities within older adult centres is extremely low.
- **Health Services:** Health promotion and health services are a very important aspect of the health care system that is often overlooked for more immediate short term gains. Usually, the impacts of health promotion programs are long term and very difficult to measure. However, most older adult centres are providing only a small degree of health services with a major focus primarily on health promotion. Older adult centres are an ideal vehicle for these types of service but are mostly underdeveloped in this respect.
- **Linkages to Community Services:** Older adult centres provide services to a large number of seniors over the age of 85 and yet they have very few linkages with existing community support services. These linkages can be viewed as two way opportunities where centre members could also benefit from community services in such areas as transportation to and from the centre.
- **Marketing Older Adult Centres:** The data is full of solid examples of marketing strategies that need to be considered by centres if they are to reach to the “boomers” or their next generation of members. The feedback on the current image of older adult centres is a prime example of the perceptions that exist among non members and provide an indication of the theme for new marketing strategies that centres need to consider.



## APPENDIX

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## **Appendix I: Member Questionnaire**

Centre Name: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

The following questionnaire has been designed by the research team for the *Building Bridges to Tomorrow Project*. The project is being funded through a three year grant from the Ontario Trillium Foundation and the project is being carried out by the Older Adult Centres' Association of Ontario. The goal of this project is to identify the issues Older Adult Centres in Ontario face today and to explore the future trends that will impact Older Adult Centres.

The purpose of this questionnaire is to develop a profile of the current members of Centres, to identify the health benefits that Older Adult Centres provide their members and the health system, and to identify the issues facing Older Adult Centres and their users. The results of this questionnaire will be used to form a strategic plan for your Centre as well as to contribute to a provincial wide report. Your participation will greatly benefit your Centre and others across Ontario.

All of the information you provide us with will be kept confidential and anonymous and will only be accessible to the research staff. Your identity will not be recorded or the information you provide us cannot be traced back to you. The information you provide us will not be published on an individual basis, but will be used to contribute to the overall collection of data. This will be used to identify trends and will be published in both your Centre report and a provincial wide report. You are under no obligation to answer every question.

If at any time you wish to terminate this questionnaire or skip a question then please state so. I will ask you a question and then provide you with some possible answers. If you do not understand the question or would like some clarification then please state so.

Your participation is greatly appreciated and I would like to thank you on behalf of the Centre and the *Building Bridges to Tomorrow Project*.

## **Part 1: Attendance**

The first part of this questionnaire will examine when and how you access the Centre. It will help in developing a profile of current users of Centres and help form a strategic plan for your Centre.

1.1 How long have you been coming to this Centre?

- a. Less than 1 year
- b. 1-2 years
- c. 3-5 years
- d. 6-10 years
- e. More than 10 years
- f. Do not know

1.2 Within in the past year, please estimate on average how often you have come to the Centre.

- a. 5 or more times a week
- b. 2-4 times a week
- c. Once per week
- d. 1-3 times per month
- e. Less then once per month
- f. Do not know

1.3 Please estimate on average how many hours you spend at the Centre on the days that you come in.

- a. Less then 2 hours
- b. 2-4 hours
- c. 5 or more hours
- d. Do not know

1.4 Please rank the following times of the day (morning, afternoon and evening) in the order you are most likely to come to the centre.

**1 being the most preferred and 3 being the least preferred.**

<b>Time</b>	<b>Rank (1-3)</b>
Morning	
Afternoon	
Evening	

1.5 How far is the centre from your house?

- a. Less then 2km
- b. 2-10km
- c. 11-20km
- d. More than 20km
- e. Do not know



1.6 What is your primary form of transportation that you use to get to the Centre?

*(Please do not read the choices and check each box that applies)*

Transportation	Yes (√)
Drive my own car	
Public Transit	
Volunteer transportation	
Walk or Bike	
Ride from a friend or family member	
Centre transportation	
Taxi Service	
Special needs transportation service	

1.7 Would you attend the Centre more often if better transportation was available?

- a. Yes
- b. Maybe
- c. No

1.8 How did you learn about the Centre?

*(Please do not read the choices and check each box that applies)*

Resources	Yes (√)
Spouse	
Friend	
Children	
Doctor or Nurse	
Centre Brochure	
Community agency	
Radio or TV	
Newspaper	
Internet	
Relatives	
Other _____	

1.9 Do you go to any other facilities, such as Centres, Churches, Private Clubs or Legions?

- a. No → *See Part 2: Participation*
- b. Yes → *See next question (#1. 10)*

1.10 What other facilities do you attend and how many times a week do you attend these facilities? *(Please check all that apply)*

Facilities	Yes (✓)	How often (per week)
Other Centres		/week
Church		/week
Private Clubs (i.e. fitness club)		/week
Legion		/week
Other _____		/week
Other _____		/week
Other _____		/week

## **Part 2: Participation**

The second part of this questionnaire will examine what programs and services you access at the Centre. It will help in developing a profile of current users of Centres and help form a strategic plan for your Centre.

### *Section 1: Programs*

2.1 With in the past year which activities or programs have you participated in at the Centre? *(Please read each answer choice and check each box that applies)*

Activity	Yes, I Participate
Physical/Fitness Classes (Yoga, Tai Chi)	
Dancing Classes (line dancing, square dancing)	
Cards (Bridge, Mah Jong)	
Visual Arts (painting, pottery)	
Music (singing, choir)	
Crafts (needlepoint)	
Computer courses or workshops	
Snooker	
Woodworking	
Education (continuing education, workshops)	
Trips and Travel	
Special Events	
Health Seminars	
Pre-retirement	
Discussion Groups (books, news)	
Writing (journaling)	
English as a second language courses	
Intergenerational Programs	
Multicultural Programs	
Sports (golf, tennis)	
Other _____	

2.2 On a scale from one to ten please rate your overall satisfaction with the programs in the following areas or indicate that you do not know. **1 or 2 being Very Poor; 3 or 4 being Poor; 5 or 6 being Average; 7 or 8 being Good; 9 or 10 being Excellent.**

Area	Do Not Know	<div>Very poor    Poor    Average    Good    Excellent</div> <div>(Please circle the number)</div>									
		1	2	3	4	5	6	7	8	9	10
Range or Quantity of programs											
Quality of programs											
Timing of programs											

2.3 What programs and activities would you like to see offered more at the Centre?  
*(Please do not read the choices and check each box that applies)*

Program	Yes, offer more
Physical Activity (Fitness, Dancing, Sports)	
Arts (Painting, Music, Writing, Crafts, Woodworking, Pottery)	
Education (Workshops, Seminars, Discussion Groups, Language Courses)	
Computers (Classes or Workshops)	
Health and Wellness (Fall Prevention, Weight Loss)	
Special Events (Christmas Dinner, Wine and Cheese)	
Trips and Travel (Day Trips or Over Night Trips)	
Other _____	

## Section 2: Services

2.4 Within the past year which health services have you accessed at the Centre?

☐ Do not access any health services → *See Question 2.6*

*(Please read the choices and check each box that applies)*

Health Service	Yes, I Access
Public Health Nurse Visits	
Foot Care	
Hearing Clinics	
Eyesight Clinics	
Chiropractic Services	
Aesthetic/Grooming Services	
Weight Loss Program	
Health Promotion	
Fall Prevention Seminars	
Screening Clinics	
Alternative Therapy (reflexology)	
Other _____	

2.5 On a scale from one to ten please rate your overall satisfaction with the health services in the following areas or indicate that you do not know. **1 or 2 being Very Poor; 3 or 4 being Poor; 5 or 6 being Average; 7 or 8 being Good; 9 or 10 being Excellent.**

Area	Do Not Know	<div>Very poor    Poor    Average    Good    Excellent</div> <div>(Please circle the number)</div>									
Quantity or Range of Services		1	2	3	4	5	6	7	8	9	10
Quality of Services		1	2	3	4	5	6	7	8	9	10
Timing of Services		1	2	3	4	5	6	7	8	9	10

2.6 What health services would you like to see offered more at the Centre?

☐ Would not like to see any more health services offered

*(Please do not read the choices and check each box that applies)*

Health Service	Yes, offer more
Public Health Nurse Visits	
Foot Care	
Hearing Clinics	
Eyesight Clinics	
Chiropractic Services	
Aesthetic/Grooming Services	
Weight Loss Program	
Health Promotion	
Fall Prevention Seminars	
Screening Clinics	
Other _____	
Other _____	
Other _____	

2.7 Within the past year which community support services have you accessed at the Centre?

☐ Do not access any community support services → *See Question 2. 8*

*(Please read the choices and check each box that applies)*

Service	Yes, I Access
Meals on Wheels	
Homemaking	
Home Maintenance	
Friendly Visiting	
Day Programs	
Congregate Dining	
Social Work	
Transportation	
Telephone Reassurance	
Bereavement and Support Services	
Long Term Care Facility	

2.8 Do you receive community support services from other agencies?

- a. No → *See Section 3: Volunteering*
- b. Yes → *See nest questions (#2.9)*

2.9 What community support services do you receive from these other agencies?

*(Please read the choices and check each box that applies)*

Service	Yes (✓)
Meals on Wheels	
Homemaking	
Home Maintenance	
Friendly Visiting	
Day Programs	
Congregate Dining	
Social Work	
Transportation	
Telephone Reassurance	
Bereavement and Support Services	
Long Term Care Facility	

### Section 3: Volunteering

2.10 Do you currently volunteer at your Centre?

- a. Yes → *See next question (#2.11)*
- b. No → *See question 2.14*

2.11 How often do you volunteer?

- a. 5 or more times a week
- b. 2-4 times a week
- c. Once per week
- d. 1-3 times per month
- e. Less than once per month
- f. Do not know

2.12 How long have you been a volunteer at the Centre?

- a. Less than 1 year
- b. 1-2 years
- c. 3-5 years
- d. 6-10 years
- e. More than 10 years
- f. Do not know

2.13 What areas do you volunteer in at the Centre?

*(Please do not read the choices and check each box that applies)*

Position	Yes (✓)
Front Desk or Greeter	
Administrative Assistance	
Running a program or activity	
Committee or Board	
Special Events	
Fundraising	
Community Support Services	
Cafeteria Assistance	
Travel Committee	
Other	
Other	

2.14 Do you volunteer for any other organizations or groups?

- a. Yes
- b. No

### **Part 3: Satisfaction**

The third part of this questionnaire will examine your satisfaction with the facility, the staff and the volunteers at your Centre. It will help in identifying current issues within Centres and help form a strategic plan for your Centre.

3.1 In your opinion how affordable are the following centre activities?

**Please state if it is Inexpensive, Reasonable or Expensive for each of the following programs.**

*(Please read the choices and check each box that applies)*

<b>Programs</b>	<b>Inexpensive</b>	<b>Reasonable</b>	<b>Expensive</b>
Membership			
Programs			
Trips			
Special Events			

3.2 What resources do you use to receive information on programs and events at the Centre?

*(Please read the choices and check each box that applies)*

<b>Resource</b>	<b>Yes (√)</b>
Program Guide	
Flyers	
Newsletter	
Website	
Word of mouth	
Staff	
Other members	
Bulletin Board	
Other _____	
Other _____	
Other _____	

3.3 On a scale from one to ten please rate your overall satisfaction with the facility in the following areas or indicate that you do not know. **1 or 2 being Very Poor; 3 or 4 being Poor; 5 or 6 being Average; 7 or 8 being Good; 9 or 10 being Excellent.**

Facility	Do Not Know	<div>Very poor    Poor    Average    Good    Excellent</div> <div>(Please circle the number)</div>									
Signage for the building		1	2	3	4	5	6	7	8	9	10
Parking		1	2	3	4	5	6	7	8	9	10
Exterior Building Appearance		1	2	3	4	5	6	7	8	9	10
Interior Building Appearance		1	2	3	4	5	6	7	8	9	10
Wheelchair Accessibility		1	2	3	4	5	6	7	8	9	10
Space for programs and events		1	2	3	4	5	6	7	8	9	10
Hours of operation		1	2	3	4	5	6	7	8	9	10
Washroom facilities		1	2	3	4	5	6	7	8	9	10
Climate control		1	2	3	4	5	6	7	8	9	10
Maintenance of Centre		1	2	3	4	5	6	7	8	9	10
Cafeteria or Food Services		1	2	3	4	5	6	7	8	9	10
Location of centre		1	2	3	4	5	6	7	8	9	10
Transportation to the centre		1	2	3	4	5	6	7	8	9	10
Friendliness at the centre		1	2	3	4	5	6	7	8	9	10
Program Equipment		1	2	3	4	5	6	7	8	9	10

3.4 On a scale from one to ten please rate your overall satisfaction with the staff in the following areas or indicate that you do not know. **1 or 2 being Very Poor; 3 or 4 being Poor; 5 or 6 being Average; 7 or 8 being Good; 9 or 10 being Excellent.**

Areas	Do Not Know	<div>Very poor    Poor    Average    Good    Excellent</div> <div>(Please circle the number)</div>									
Assistance in meeting your needs		1	2	3	4	5	6	7	8	9	10
Courtesy and responsiveness		1	2	3	4	5	6	7	8	9	10
Knowledge about services, activities, and resources		1	2	3	4	5	6	7	8	9	10
Accessibility		1	2	3	4	5	6	7	8	9	10



3.5 On a scale from one to ten please rate your overall satisfaction with the volunteers in the following areas or indicate that you do not know. **1 or 2 being Very Poor; 3 or 4 being Poor; 5 or 6 being Average; 7 or 8 being Good; 9 or 10 being Excellent.**

Areas	Do Not Know	<div>Very poor    Poor    Average    Good    Excellent</div> <div>(Please circle the number)</div>									
Assistance in meeting your needs		1	2	3	4	5	6	7	8	9	10
Courtesy and responsiveness		1	2	3	4	5	6	7	8	9	10
Knowledge about services, activities, and resources		1	2	3	4	5	6	7	8	9	10
Accessibility		1	2	3	4	5	6	7	8	9	10

3.6 On a scale from one to ten please indicate the number that corresponds to how well your voice and concerns are heard and acted upon by the Centre. **1 being Never; 5 or 6 being Sometimes; 10 being Always.**

1      2      3      4      5      6      7      8      9      10

Never

Sometimes

Always

3.7 What other issues do you have with the Centre and your membership?

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#### Part 4: Motivation

The fourth part of this questionnaire will examine why you come to the Centre. It will help in developing a profile of current users of Centres and help form a strategic plan for your Centre.

4.1 Please indicate your level of agreement with the following statements regarding why you come to the centre. **Please indicate if you Strongly Agree, Agree, are Neutral, Disagree or Strongly Disagree.**

I come to this centre to....	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Make fulfilling friendships					
Develop new skills					
Accomplish something worthwhile					
Have routine and structure in my life					
Help others					
Socialize with people					
Remain independent					
For personal growth					
Develop a healthy lifestyle					
Keep my mind active					
Have responsibilities and a position of status (i.e. a Board member or activity leader)					
Develop my creativity					
Stay physical fit					

## Part 5: Health

The fifth part of this questionnaire will examine the impact the Centre has had on your health. It will help in identifying major health benefits that Centres provide and will help form a provincial wide report on the value of Centres.

5.1 In general, how would you describe your health?

- a. Very Poor
- b. Poor
- c. Fair or Moderate
- d. Good
- e. Excellent

5.2 In general, how would you describe your physical activity level?

- a. Very Low
- b. Low
- c. Moderate
- d. High
- e. Very High

5.3 On a scale from one to ten please rate how much the Centre has improved your quality of life in the following areas since becoming a member. **1 or 2 being Not at all; 3 or 4 being Slightly; 5 or 6 being Moderately; 7 or 8 being Considerably; 9 or 10 being Extremely.**

The Centre has improved my...	Do Not Know	Not at all		Slightly		Moderately		Considerably		Extremely	
Overall wellness		1	2	3	4	5	6	7	8	9	10
Knowledge and skill base		1	2	3	4	5	6	7	8	9	10
Level of social interaction		1	2	3	4	5	6	7	8	9	10
Sense of routine and structure		1	2	3	4	5	6	7	8	9	10
Creativity and personal growth		1	2	3	4	5	6	7	8	9	10
Physical activity level		1	2	3	4	5	6	7	8	9	10
Sense of accomplishment		1	2	3	4	5	6	7	8	9	10

5.4 Has the Centre increased your knowledge about health illnesses and healthy living since becoming a member?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Considerably
- e. Extremely

5.5 What medical conditions do you currently have?

☐ Do not have any medical conditions → *See Question 5.6*

*(Please read the choices and check each box that applies)*

Medical Condition	Yes (✓)
Arthritis or Rheumatism	
High Blood Pressure	
Diabetes	
Back Problems	
Heart Disease	
Eye Problems (i.e. Cataracts)	
Hearing problems	
Osteoporosis	
Other _____	

5.6 Do you have a chronic or ongoing illness?

- a. No → *If No to both Questions 5.5 AND 5.6, please See Part 6: Profile*
- b. Yes

5.7 How much have these medical conditions or illnesses impeded or stopped you from doing the activities or things you like to do?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Considerably
- e. Extremely

5.8 How much has the Centre helped you to manage your pain or discomfort directly or indirectly through programs or activities?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Considerably
- e. Extremely

## Part 6: Profile

The final part of this questionnaire will ask a few personal questions. It will help in developing a profile of current users of Centres and help form a strategic plan for your Centre. This part is very crucial to the results but if you feel uncomfortable at any time you may skip a question or terminate the questionnaire.

6.1 Where do you live?

- a. City
- b. Suburban area
- c. Rural area

6.2 What type of dwelling do you live in while staying in this area?

- a. House
- b. Apartment or Condo
- c. Senior Retirement Residence
- d. Assisted Housing
- e. Mobile Home

6.3 How long have you lived in this area?

- a. Less than one year
- b. 1-5 years
- c. Over 5 years

6.4 Do you spend the entire year in this area or do you travel to another location for part of the year (i.e. winter months)?

- a. Stay in this area
- b. Travel to another location for part of the year

6.5 Who do you live with?

- a. Alone
- b. Spouse
- c. Children
- d. Parent
- e. Relatives
- f. Non-relatives

6.6 Including yourself, how many people live in your household? \_\_\_\_\_

6.7 What is your marital status?

- a. Married → *See question 6.8*
- b. Widowed → *See question 6.9*
- c. Divorced → *See question 6.9*
- d. Single → *See question 6.9*

6.8 Is your spouse a member of the centre?

- a. Yes
- b. No

6.9 Are there any other family members that are members of the centre?

- a. No
- b. Children
- c. Parent
- d. Sibling
- e. Other \_\_\_\_\_

6.10 Do you currently work part time or full time?

- a. No
- b. Yes, part time
- c. Yes, full time

6.11 Please indicate which of the following computer resources you access.

*(Please read the choices and check each box that applies)*

Resource	Yes (✓)
Computer	
Email	
Dial Up Internet	
High Speed Internet	

6.12 Is English your first language?

- a. Yes
- b. No \_\_\_\_\_ (Please indicate which language)

***Please have the participant fill in the final questions on the next page. Close the survey upon completion, place it in the envelope and seal it.***

6.13 Please indicate your sex.

- a. Male
- b. Female

6.14 What is your ethnic origin?

- |              |                   |                   |
|--------------|-------------------|-------------------|
| a. Canadian  | j. North American | r. Filipino       |
| b. English   | Indian            | s. American       |
| c. French    | k. Dutch          | t. Greek          |
| d. Scottish  | l. Polish         | u. Spanish        |
| e. Irish     | m. East Indian    | v. Jamaican       |
| f. German    | n. West Indian    | w. Vietnamese     |
| g. Italian   | o. Pakistani      | x. Latin American |
| h. Chinese   | p. Jewish         | y. Caribbean      |
| i. Ukrainian | q. Portuguese     | z. Other          |

6.15 Please circle the year bracket in which you were born

- a. 1959 or later
- b. 1944-1958
- c. 1934-1943
- d. 1924-1933
- e. 1923 or before

6.16 What is your highest level of education?

- a. Less than High School Diploma
- b. High School Diploma
- c. College or Associate degree
- d. Undergraduate degree
- e. Post-graduate

6.17 Please circle your annual household income bracket.

- a. Under \$25,000
- b. \$25,000- \$69,999
- c. \$70,000 and over

**Thank you for taking the time to complete this questionnaire.  
The questionnaire will now be closed and placed in a sealed envelope.  
Your participation will greatly benefit your  
Centre and others across Ontario.**



## **Appendix II: Non- Member Questionnaire**

Centre Name: \_\_\_\_\_

Location: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

The following questionnaire has been designed by the research team for the *Building Bridges to Tomorrow Project*. The project is being funded through a three year grant from the Ontario Trillium Foundation and the project is being carried out by the Older Adult Centres' Association of Ontario. The goal of this project is to identify the issues older adults and Older Adult Centres in Ontario face today and to explore the future trends that will impact Older Adult Centres.

The purpose of this questionnaire is to develop a profile of the current older adults in your community, to identify the health and recreation needs of older adults and to examine the current participation in recreation facilities. The results of this questionnaire will be used to form a strategic plan for your community as well as to contribute to a provincial wide report. Your participation will greatly benefit older adults across Ontario.

All of the information you provide us with will be kept confidential and anonymous and will only be accessible to the research staff. Your identity will not be recorded or the information you provide us cannot be traced back to you. The information you provide us will not be published on an individual basis, but will be used to contribute to the overall collection of data. This will be used to identify trends and will be published in a provincial wide report. You are under no obligation to answer every question.

If at any time you wish to terminate this questionnaire or skip a question then please state so. I will ask you a question and then provide you with some possible answers. If you do not understand the question or would like some clarification then please state so.

Your participation is greatly appreciated and I would like to thank you on behalf of your community and the *Building Bridges to Tomorrow Project*.



## **Part 1: Recreation and Leisure Needs**

The first part of this questionnaire will examine the current use of recreation facilities and volunteerism. It will help in identifying the recreation needs of older adults and help form a strategic plan for your community.

1.1 What facilities or groups are you a member of?

☐ Not part of any facilities or groups → *See Question 1.2*

Facility or Group	Yes, I am a member
Senior or Older Adult Centre	
Private Fitness Centre	
Community Recreation Facility	
Church Group	
Private Club i.e. Golf Club	
Other _____	

1.2 Please estimate on average how often you participate in recreation or leisure activities?

- a. Daily
- b. 3-5 times per week
- c. 1-2 times per week
- d. Less than once per week

1.3 On a scale from one to ten how active do you feel you are with recreation and leisure activities?

1      2      3      4      5      6      7      8      9      10

Not active at all

Fairly active

Extremely active

1.4 On a scale from one to ten how much time do you have available to do recreation and leisure activities?

1      2      3      4      5      6      7      8      9      10

Not enough

Just Enough

Excess

1.5 On a scale from one to ten how willing are you to spend money on your leisure and recreation needs?

1      2      3      4      5      6      7      8      9      10

Not willing at all

Fairly willing

Extremely willing

1.6 On a scale from one to ten how adequate do you feel your disposable income is to meet your leisure and recreation needs?

1      2      3      4      5      6      7      8      9      10

Not at all

Fairly

Extremely

1.7 Which of the following programs and services would you be interested in?

☐ Not interested in any programs or services → *See Question 1.8*

*(Please read the choices and check each box that applies)*

Program	Yes, interested
Physical Activity (Fitness, Dancing, Sports)	
Arts (Painting, Music, Writing, Crafts, Woodworking, Pottery)	
Education (Workshops, Seminars, Discussion Groups, Language Courses)	
Computers and Technology (Classes or Workshops)	
Health and Wellness (Fall Prevention, Weight Loss, Nutrition)	
Special Events (Christmas Dinner, Wine and Cheese)	
Trips and Travel (Day Trips or Over Night Trips)	
Other _____	

1.8 Do you currently volunteer?

a. Yes → *See next question (#1.9)*

b. No → *See question 1.11*

1.9 How often do you volunteer?

- a. 5 or more times a week
- b. 2-4 times a week
- c. Once per week
- d. 1-3 times per month
- e. Less than once per month
- f. Do not know

1.10 Where do you volunteer?

*(Please do not read the choices and check each box that applies)*

Position	Yes (✓)
Senior or Older Adult Centre	
Community Support Services	
Hospital	
Homeless shelter	
Animal Shelter	
Not for profit organization	
Condominium	
Other _____	

1.11 Please indicate your level of agreement with the following statements regarding volunteering. **Please indicate if you Strongly Agree, Agree, are Neutral, Disagree or Strongly Disagree.**

*(Please read the choices and check each box that applies)*

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It is important for me to volunteer.					
I like volunteer positions that allow me to take on a leadership role.					
I prefer volunteer opportunities that are time limited or short term rather than on-going.					
I prefer to work as a volunteer behind the scenes or in administrative roles.					
I would rather pursue other interests instead of volunteer work.					

## Part 2: Older Adult Centres

The second part of this questionnaire will examine the current image of Centres. It will help in forming a strategic plan for recreation facilities and Centres.

2.1 When you think of an Older Adult or Senior Centre, what image pops into your mind?

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2.2 What do you think the average age is of a participant at an Older Adult or Senior Centre?

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2.3 On a scale from one to ten how active do you think the average member of an Older Adult or Senior Centre is?

1      2      3      4      5      6      7      8      9      10

Not active at all

Fairly active

Extremely active

2.4 Would you be interested in joining an Older Adult or Senior Centre?

- a. No
- b. Maybe
- c. Yes

### Part 3: Motivations

The third part of this questionnaire will examine the motivations towards leisure and recreation activities. It will help to develop a profile of the current older adults in your community and to identify health and recreation needs.

3.1 How important are the following aspects in your life. **Please say if it is Very Important, Important, Neutral, Moderately Important or Not Important.**

*(Please read the choices and check each box that applies)*

	<b>Not Important</b>	<b>Moderately Important</b>	<b>Neutral</b>	<b>Important</b>	<b>Very Important</b>
Making fulfilling friendships					
Developing new skills					
Accomplishing something worthwhile					
Having routine and structure in my life					
Helping others					
Socializing with people					
Remaining independent					
Personal growth					
Developing a healthy lifestyle					
Keeping my mind active					
Having responsibilities and a position of status					
Developing my creativity					
Staying physical fit					

## Part 4: Health

The fourth part of this questionnaire will examine the impact recreation and leisure activities have had on your health. It will help in identifying the health and recreation needs of older adults and help form a strategic plan for your community.

4.1 In general, how would you describe your health?

- a. Very Poor
- b. Poor
- c. Fair or Moderate
- d. Good
- e. Excellent

4.2 In general, how would you describe your physical activity level?

- a. Very Low
- b. Low
- c. Moderate
- d. High
- e. Very High

4.3 On a scale from one to ten please rate how satisfied you are with the following qualities in you life. **1 or 2 being Not at all; 3 or 4 being Slightly; 5 or 6 being Moderately; 7 or 8 being Considerably; 9 or 10 being Extremely.**

*(Please read the choices and check each box that applies)*

Overall my satisfaction with my....	Do Not Know	Not at all      Slightly      Moderately      Considerably      Extremely									
Overall Wellness		1	2	3	4	5	6	7	8	9	10
Opportunities for knowledge and skill development		1	2	3	4	5	6	7	8	9	10
Level of social interaction		1	2	3	4	5	6	7	8	9	10
Sense of routine and structure		1	2	3	4	5	6	7	8	9	10
Opportunities for creativity and personal growth		1	2	3	4	5	6	7	8	9	10
Level of physical activity		1	2	3	4	5	6	7	8	9	10
Accomplishments		1	2	3	4	5	6	7	8	9	10

4.4 What medical conditions do you currently have?

☐ Do not have any medical conditions → *See Question 4.5*

*(Please read the choices and check each box that applies)*

Medical Condition	Yes (✓)
Arthritis or Rheumatism	
High Blood Pressure	
Diabetes	
Back Problems	
Heart Disease	
Eye Problems (i.e. Cataracts)	
Hearing problems	
Osteoporosis	
Other _____	

4.5 Do you have a chronic or ongoing illness?

- a. No → *If No to both Questions 4.4 AND 4.5, please See Part 5: Profile*
- b. Yes

4.6 How much have these medical conditions or illnesses impeded or stopped you from doing the activities or things you like to do?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Considerably
- e. Extremely

## **Part 5: Profile**

The final part of this questionnaire will ask a few personal questions. It will help in developing a profile of members of your community. This part is very crucial to the results but if you feel uncomfortable at any time you may skip a question or terminate the questionnaire.

### 5.1 Where do you live?

- a. City
- b. Suburban area
- c. Rural area

### 5.2 What type of dwelling do you live in while staying in this area?

- a. House
- b. Apartment or Condo
- c. Senior Retirement Residence
- d. Assisted Housing
- e. Mobile Home

### 5.3 How long have you lived in this area?

- a. Less than one year
- b. 1-5 years
- c. Over 5 years

### 5.4 Do you spend the entire year in this area or do you travel to another location for part of the year (i.e. winter months)?

- a. Stay in this area
- b. Travel to another location for part of the year

### 5.5 Who do you live with?

- a. Alone
- b. Spouse
- c. Children
- d. Parent
- e. Relatives
- f. Non-relatives

### 5.6 Including yourself, how many people live in your household? \_\_\_\_\_



5.7 What is your marital status?

- a. Married → *See question 5.8*
- b. Widowed → *See question 5.9*
- c. Divorced → *See question 5.9*
- d. Single → *See question 5.9*

5.8 Do you participate in recreation activities with your spouse?

- a. Yes
- b. No

5.9 Do you currently work part time or full time?

- a. No
- b. Yes, part time
- c. Yes, full time

5.10 Please indicate which of the following computer resources you access.

*(Please read the choices and check each box that applies)*

Resource	Yes (√)
Computer	
Email	
Dial Up Internet	
High Speed Internet	

5.11 Is English your first language?

- a. Yes
- b. No \_\_\_\_\_ (Please indicate which language)

***Please have the participant fill in the final questions on the next page. Close the survey upon completion, place it in the envelope and seal it.***

5.12 Please indicate your sex.

- a. Male
- b. Female

5.13 What is your ethnic origin?

- |              |                   |                   |
|--------------|-------------------|-------------------|
| a. Canadian  | j. North American | r. Filipino       |
| b. English   | Indian            | s. American       |
| c. French    | k. Dutch          | t. Greek          |
| d. Scottish  | l. Polish         | u. Spanish        |
| e. Irish     | m. East Indian    | v. Jamaican       |
| f. German    | n. West Indian    | w. Vietnamese     |
| g. Italian   | o. Pakistani      | x. Latin American |
| h. Chinese   | p. Jewish         | y. Caribbean      |
| i. Ukrainian | q. Portuguese     | z. Other          |

5.14 Please circle the year bracket in which you were born

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- e. Post-graduate

5.16 Please circle your annual household income bracket.

- a. Under \$25, 000
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## Building Bridges to Tomorrow: List of Reports

1. Building Bridges to Tomorrow: A User Profile of Older Adult Centres in Ontario (2010)
2. Building Bridges to Tomorrow: A Profile of Older Adult Centres in Ontario (2008)
3. Issues facing OACAO: Re-Inventing an Organization (2009)
4. Handbook for running Focus Groups for Older Adults (2008)
5. Research Update #1: OACAO Develops Profile of Older Adult Centres (2007)
6. Research Update #2: Older Adult Clubs and Centres in Northern Ontario (2008)
7. Research Update #3: Marketing Older Adult Centres (2009)

For more information about the Building Bridges to Tomorrow Project please contact:

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Older Adult Centres' Association of Ontario  
Association des centres pour aînés de l'Ontario

**OACAO**

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The Voice of Older Adult Centres  
La voix des centres pour aînés